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ORIGINAL ARTICLES.

SOME OBSERVATIONS UPON THE REMOTE EFFECTS OF DISABILITIES SUSTAINED IN THE MILITARY SERVICE.

BEING AN ABSTRACT FROM A THESIS FOR MEMBERSHIP IN THE NEW YORK MEDICO-CHIRURGICAL SOCIETY.

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Into all the prognostications that the physician or surgeon is called upon to make touching the decline or development of morbid processes in the human organism, the element of *time* enters as an important factor. The familiar saying that "Time heals many breaches" is as applicable in the physical realm as in the social; and in many a struggle between the conservative forces of nature and those of a destructive kind, time may chiefly determine the issue.

In traumatism proper, as well as in drug and dynamic perturbations of the system, vital reaction plays the important part. Touching this proposition I quote Dr. W. B. Dunning in a recent monograph: "The expression 'nature cures' can only mean nature reacts against the disease. It can never mean that the disease really cures itself. No force in nature ever changes its action from intrinsic tendency, but only as acted upon by agents outside itself. * * * *Reaction*, then, is the much talked of '*vis medicatrix naturæ*.'"

This natural reactive and reparative power is no less the ally of the surgeon than of the physician; and whether as relates to the power and progress of idiopathic disease or traumatic injury, both rely largely upon its beneficent help.

It may perhaps be safely stated that the prognosis in the majority of human ailments is, under fair conditions, favorable, much depending upon this natural vital energy or reactive power, and upon the kind and degree of the abnormal influence. The severest shock in the rude loss of limb, or gunshot perforation of a vital organ, may not only be survived but practically recovered from; while far less severe and apparently insignificant injuries may entail consequences the disabling effects of which are greatly disproportionate to the original injury as it appeared at the time.

In illustration of the foregoing observations I desire to present the results of some investigations based upon my experience during the past six years as a U. S. Examining Surgeon for Pensions. In my official capacity I have had access to the records of examination in the cases of nearly 2,000 pensioners and applicants for pensions, the most of which records, and all herein referred to, were made from certificates of my own construction, based upon personal examination. These subjects have contracted disabilities, or alleged disabilities, of all kinds and degrees of severity, many receiving therefor from the Government a pension of from two to fifty dollars per month. A period of from one to eighteen years has elapsed since the receipt of these disabilities, and while in the great majority of older cases, which of course largely preponderate, the present degree may be regarded as permanent, it is observed that at a very distant day amelioration of the effects of gunshot wounds and other abnormal conditions deemed worthy of a pension, may and does take place, thus illustrating the gradual nature of the reparative processes in the human body.

I append a classified list of the disabilities met with and their relative frequency, the total number being sufficiently large to indicate what the latter would be in a more extended comparison.

Gunshot wounds of head and face	175	Scalds	3
" and disease of eyes	72	Frost bite, feet and hands	6
" throat and neck	29	Vaccination	1
" right up. extremity	305	Rheumatism	88
" left "	304	Disease of lungs	59
" thorax	75	Chronic diarrhœa	48
" lungs	37	Paralysis from disease	17
" right lower extrem.	301	Heart disease	21
" left "	330	Epilepsy and insanity	13
" and injuries of spine	81	Chronic malarial poisoning	19
" lumbo-sac. region	13	Disease of kidneys and bladder	14
" abdominal region	21	Deafness	15
" groin	15	General debility and results of typhoid fever	10
" right hip	24	Traumatic paralysis and locomotor ataxia	9
" left "	30	Sunstroke	9
Perforating wounds of chest	28	Neuralgia	3
Wounds and injuries of scrotum, testicles, and spermatic cord	20	Lightning stroke	1
Hernia, right side	69	Erysipelas	3
Hernia, left "	55	Glanders	1
Hernia, double	23	Yellow fever	1
Hernia, abdominal	1	Gastritis	1
Varicocele and hydrocele	14		
Varicose veins	25	Summary—Disabilities of traumatic origin	1,339
Hemorrhoids	12	All others	502
Prolapsus recti	1		
Anal fistula and rupture of abdominal wall	1	Total	2,341

These disabilities naturally divide themselves into two great classes: First, those resulting from *gunshot wounds* and other traumatic causes; and second, those resulting from *disease* proper.

Referring at first, however, to those two classes in common, I would state that they are considered and rated according to their relation to manual labor and the ability of the subject to perform the same. A disability, whether from wound or disease, which would render a man unable to carry a hod or shovel coal, though he might keep books or practice medicine nearly as well as any as far as physical ability is concerned, would be rated in dollars and cents upon the basis of the first-named consideration.

The provisions of the statute do not presume upon the possible culture or mental status of any, but place

all upon the level of the same original and fundamental law literally construed, "*in the sweat of thy brow shalt thou eat bread.*"

The great mass of casualties arising in the military service are, of course, those directly resulting from gunshot wounds in all their various forms and phases. These constitute in my enumeration seventy-eight per cent. of the entire number of disabilities, and on all accounts are the most noticeable class. Other injuries are also common, as contusions, concussions, falls, ruptures, and other results of violence.

In considering more particularly this first class of disabilities it is my chief purpose to illustrate the tolerance and reparative power of the human organism, beside noting some characteristics of old injuries, the impress they make upon the surrounding parts, and the manner in which they produce their disabling effects. Here the principal evidence is objective and strongly conclusive. The permanent effects are varied, and in general depend upon the entire loss of members, or portions of the same, deformities of parts impairing and destroying their usefulness, injuries to the osseous structures resulting in faulty nutrition or complete loss of vitality, destruction of muscular tissue, cicatricial adhesions, and tendinous contractions, with organic changes and disturbances of function.

Gunshot wounds of the *extremities* constitute by far the most numerous class of wounds, those of the upper and lower being about equally divided, with slight preponderance in the latter. They present the widest range in their various degrees of severity, from simple gunshot perforation of muscular parts to complete loss of members, and are attended with disabilities commensurate with the nature and extent of the original wounds, in the manner pointed out in the preceding paragraphs. Though so important, numerically, these may be passed by here without further mention, as they are less worthy of note than wounds of the three great cavities of the body which will be chiefly noticed.

Regarding more specifically the wounds of some particular parts, those of the *head* will first be noticed. The rounded form and hard parietes of this part are largely protective, and tend to change the direction of missiles striking it, which, being often deflected, fail of inflicting mortal injury. In the cases that have survived wounds in this situation, lacerations of the scalp and fracture of the outer and sometimes the inner table of the skull are the principal objective signs. The resulting cicatrices are more or less marked from a simple hardening and hypertrophy of limited portions of the scalp to considerable and deeply excavated fissures of the cranium occasioned by loss of bone substance.

Subjectively these injuries give rise to about the same train of symptoms in all cases, the most common of which are headache, vertigo, neuralgia, inability to endure any considerable degree of direct solar heat, and impairment of hearing and eyesight. These symptoms vary in degree, but, generally speaking, bear a direct relation to the severity of the original wound.

In the more aggravated cases we have impairment of the mental faculties, difficulty of speech, paralytic conditions, epilepsy, and other neuroses. I append copies of the particular description in two cases of this class which are in a manner typical illustrations of this form of disability.

W. G. B., æt. 40. *Gunshot wound of head.* "He was struck upon the summit of the cranium by a rifle ball, and although there is but a slight cicatrix present marking the site, we are of the opinion the injury has been the cause of an impairment in mental vigor, loss of memory, and general cerebral disturbance as indicated by much headache, vertigo, and debility when exposed to the sun's rays. The countenance bears an anxious, pained look; face is pale and anæmic; tongue reddened; pulse irregular and very excitable. General nervousness present."

D. A. C., æt. 37. *Gunshot wound left side of head.* "The applicant suffered a depressed fracture of the skull in the right temporo parietal region, occasioned by a gunshot. The operation of trephining was subsequently performed. We find a large, smooth circular cicatrix present. He alleges dizziness at times, especially in the warm season, inability to stoop, and occasionally the most severe neuralgic pains throughout the right side of the head. The wound was of such a nature and degree as to be clearly sufficient to occasion the disability he claims."

Is there pathological change in the brain or its membranes in these cases, or do the disabilities depend upon functional disturbance alone? It is more than probable, considering the usual fatality of these gunshot wounds of the head, attended as they are by the gravest lesions, that in the milder cases admitting of survival with marked objective symptoms continuing for years, some organic change within would be discoverable; in all probability disease of the dura mater, involving the external or internal layer, or both. Frequently perhaps the external layer becomes the seat of local thickening, vascularity, redness, or softening, these different conditions varying with the degree of injury sustained.

In the larger class of cerebral injuries from gunshot wounds in which the subjects survive for a brief time only their fatal effects, the histories would probably show that these various states are speedily produced in their most aggravated forms, being accompanied by ecchymosis, general meningitis, and suppuration.

It may be fairly inferred that the cases now surviving have all passed through an acute stage in which the degree of cerebral disturbance was probably very severe and critical. Doubtless, however, they form the great minority of gunshot injuries of this part received on the field, the most of which prove fatal within a comparatively brief period. In the favorable cases improvement has certainly been very slow and in variable degrees, though complete recovery, it would seem, is not impossible. Abnormal conditions of this character, however, existing at a time twelve or eighteen years subsequent to the original wound, could hardly be deemed capable of improvement.

Another notable class of these traumatic disabilities is that of *perforating gunshot wounds of the chest*, of which twenty-eight are included in my category. The greater number of wounds of this nature of course prove rapidly fatal, and to the popular mind a bullet wound of the lung, and especially one that perforates this organ, is uniformly so.

Erichsen states that more than one-half of the penetrating wounds of the chest are fatal, and that of two hundred cases occurring in the Russian army at the siege of Sebastopol, only three recovered.

The chief sources of danger in wounds of the lungs arise from internal and external hemorrhage, pneumonia, pneumo-thorax, and empyema. It might be inferred, perhaps, that the effects of a missile which passes entirely *through* the lung are quite as likely to be recovered from as those which supervene when the ball lodges in its structure, where it remains as a constant source of irritation.

In the first mentioned class of perforating wounds the permanent effects are found to vary considerably. In those resulting most favorably, the signs would seem to show complete cicatrization, with very limited condensation of the lung tissue in the track of the missile, as well when the center of the lung is perforated as when only the outer portion is invaded. In the immediate path of the bullet the interstitial tissue and walls of the air cells are involved, and we have a chronic induration of the lung or an increase in its connective tissue elements which add density to the part involved and diminish its respiratory capacity.

In the course of time this material undergoes cicatricial contraction and hardening, and may remain quiescent for an indefinite period.

In some cases of gunshot perforation of the lung, physical exploration reveals little or no objective evidence of disability, the invaded lung being fairly resonant on percussion and nearly normal as to its respiratory capacity. The subject may complain of slight cough, and give the history of previous hemoptyses with impaired respiratory power and dyspnœa on violent exercise; but for all this, his general condition may be considered good and quite compatible with moderate labor. In other cases subjective symptoms are even less prominent, and the original wound involves but slight disability, if any. The following is illustrative of the more favorable cases of this class:

J. F., aged 42 years. *Gunshot wound of lung.* "A gunshot entered two and a half inches above the right nipple, and, passing through the chest, emerged from the back just above the angle of the scapula. Lung perforated by the missile. At present there is evidence of moderately healthy cicatrization. Scarcely perceptible changes in the percussion sound on the affected side. There is, however, marked deficiency in the respiratory murmur over the site of the wound, and imperfect expansion of the lung. He alleges having had several hæmoptyses after hard labor or violent exertion. Is troubled with a cough most of the time. The scapula was fractured at the point of exit."

Passing to note the more severe long-standing effects of this class of wounds, we find cases in which the objective signs and subjective symptoms are much more marked and disabling. In these we have a more extensive area of dullness and consolidation in the affected lung, adhesions, loss of respiratory murmur, with moist râles, pain, cough, profuse viscid expectoration, hæmoptyses, with anæmia, debility, emaciation, and great impairment of the general health.

A noteworthy circumstance in these cases is the lengthened period of survival, and the slow progress of disabilities, which usually go on more rapidly to a fatal termination; and yet some of these perforating wounds of the lung are of long standing—say from fourteen to eighteen or twenty years. Nature certainly here indicates her tolerant, as well as her reparative and recuperative powers in a marked degree.

Coming to wounds of another most important and vital region—the abdominal—we observe that of our nineteen cases, very few, if any indeed, are those in which the missile has penetrated this cavity, the small number of survivals proving that, while such wounds are frequent enough, they are more uniformly fatal, save when the heart is involved, than penetrating wounds of the other great serous cavity of the body inclosing the lungs.

There can be little doubt, however, that recovery does take place after the gravest injuries to the abdominal cavity, such as those in which the missile—a ball or fragment of a shell—has entirely perforated it. It is difficult to perceive how, in these cases, fatal peritoneal inflammation with the accompanying shock can have been escaped, when we consider their gravity and the usual bad prognosis attending penetrating wounds of this region. Passing by with mere mention the immediate effects of these wounds, such as visceral injury and protrusion, extravasation of feculent matters, hemorrhage and peritonitis, it may be observed of their remote and permanent effects that they are frequently not at all striking, being disproportionately slight when compared with the original injury. Muscular atrophy, local pains, and soreness on pressure and exercise, with abdominal sensitiveness to the effects of cold and wet, are the usual subjective symptoms. Functional disorders of the viscera are infrequent.

Spinal injuries, too, are often met with, resulting in chronic irritation, partial paralysis, abnormalities of sensation, vague and local pains, with weakness in the back.

What the precise lesion may be in these long-standing cases it is difficult to determine. But it is not improbable that a chronic and subacute congestion of the spinal meninges would be found the most frequent condition, the more marked diseased states of these parts, such as acute and chronic myelitis and sclerosis, hardly admitting of such a protracted survival. As it is, these disabilities have continued for years, the subjects of them, who are mostly mechanics and laborers, being able in many cases to continue in their regular vocations with comparatively slight inconvenience.

The following case is illustrative: J. D. S., aged 44. *Injury to the spine.* "He claims to have been injured by being thrown violently against a projecting beam or piece of timber, the lumbar region of the spine receiving the force of the concussion. He is unable to stand erect, and is apparently somewhat lame. He alleges that at the time of the injury, and in consequence of the same, he was deprived of the use of the lower extremities, which he did not even partially recover for a considerable time. He also states that the right leg is subject to pains from the hip down. This thigh is one-half an inch smaller in circumference than its fellow. The only other subjective signs are cicatrices, caused by cupping, over the lumbar region." * *

Other forms of surgical disabilities might perhaps advantageously engage our attention in connection with this subject, but we pass on to a briefer consideration of the remaining large class of disabilities depending upon idiopathic disease proper, which are of very varied character and degree. It should be observed that the signs and symptoms here involved are in general less direct and convincing than those attaching to wounds and injuries; for to the latter belong the evidences produced by the traumatic causes to which they owe their origin, consisting in cicatricial formations, lesions, and tissue changes evident to the senses of the observer.

In some disabilities from diseased conditions proper, these objective signs may be very obscure or entirely absent. It can not be denied, however, that markedly disabling conditions may exist, depending almost solely, as far as diagnosis is concerned, upon subjective evidence. Toward this the mind of the examiner is naturally directed with severe scrutiny, when he considers the strong motives looking toward pecuniary benefit which might not unnaturally influence the applicant. To deal justly, however, is the aim, and that which is lacking in direct evidence is often supplied by the general symptoms, so that, in the main, fair conclusions are probably arrived at.

These non-traumatic disabilities form, altogether, about twenty-two per cent. of the entire number, and among them the most numerous are those under the head of rheumatism, pulmonary affections, chronic diarrhœa, heart disease, and paralysis.

Rheumatism in its various forms occasions remote effects and disabilities dependent upon chronic enlargement of the joints, pain, impaired mobility, cardiac troubles, with disorders of the muscular system, myalgic pains, and atrophy. Often in these old rheumatic cases in which the muscular system is only involved, direct objective signs are meagre and obscure; but the general symptoms and condition, involving evident anæmia and broken health, come to the support of the applicant's statements, and confirm the same in greater or lesser degree.

The various forms of idiopathic pulmonary disease present nothing especially peculiar excepting their *chronicity*, which is worthy of note. The biennial examinations lately discontinued offered a good opportunity of seeing the regular return of old cases of chronic bronchial catarrh and even more severe pulmonary affections, which, seeming to defy the inherent

tendency of such disorders, held out against apparently great odds, as in the following cases :

G. C. B., æt 49. "We find dullness over the apices of both lungs with diminished respiratory murmur and prolonged expiration, the latter more marked upon the the left side. He alleges a chronic diarrhœa which affects him almost continuously; has from three to six passages in the twenty four hours, varying in character, generally watery and excoriating; pulse quick; face pale; tongue red with enlarged papillæ; general condition one of marked debility and anæmia, though the disease of the lungs is apparently not progressive."

J. C. æt. 40. "On inspection we observe great sinking in under both clavicles, imperfect expansion of the chest walls, and a generally emaciated condition of the same. Auscultation reveals abundant large and small mucus râles on the right side, in front, with harsh breathing and increased vocal resonance; dullness on percussion marked; lung tissue in a condition of softening; probable small cavities deeply seated. On the right side, posteriorly, the same signs are observed, though not so well marked. On the left side, in front, auscultation reveals bronchial râles, bronchial voice, and breathing with prolonged expiration; percussion sound dull. Posteriorly on the left these signs are more marked. We conclude that both lungs are seriously diseased. The general condition is bad; great debility; anæmia and emaciation are apparent; suffers dyspnœa upon the slightest exercise. He is totally unfit for any manual labor."

Chronic diarrhœa brought on by exposure is often met with, and oftener alleged where no objective evidence of its existence can be discovered. The presence of anæmia, debility, and other general signs, is necessary in doubtful cases to confirm the mere allegations of the applicant. The ability of the system to adapt itself to a chronic condition of this nature, involving a more or less exhaustive drain upon the secretions for a long period, is here often forcibly illustrated.

Heart disease, using the term in a general sense, is fairly represented in these disabilities, the most frequent form being hypertrophy and functional disorders.

Next in order of frequency comes *paralysis* in its various forms and degrees, dependent upon spinal lesions the result of idiopathic disease, such as fever, chronic dysentary, rheumatism, and exposure, all of which, as causative agencies, are duly exemplified. These paralyses are seldom complete, and often partake largely of the nature of *locomotor ataxia*. The effects of external influences in inducing these forms of disease are fully shown in tracing their etiological relations. The hardships and exposure to cold and wet, endured by the soldier, unquestionably operate strongly in this direction. Rosenthal, in his treatise on "Disease of the Nervous System," states that "among the external influences which are injurious to the nervous system, we must mention the effects of cold as among the most important. * * * I have seen the first irritative symptoms of ataxia follow exposure, among merchants, farmers, hunters, engineers, etc., who are compelled to travel or work in the cold, and in snow and rain; among architects, who must work in water and undergo various hardships; and among laborers, who work in canals, in ice, and at the most inclement season of the year."

The pathological states here involved, are lesions affecting the posterior column of the cord, and through these the sensory functions of the cerebellum, which preside over muscular movements and co-ordination. Opportunities are not afforded, however, for the verification of any conjectures or theories as to the precise pathological conditions present in these cases. It is observed, moreover, that they are characterized by the absence of those graver symptoms, usually seen in the more acute cases, such as marked disorders of sensation, rachialgia, paralysis of the oculo-motor nerves and other derangements of the special senses. The cases here observed have probably succeeded upon comparatively mild initial symptoms, and have been correspondingly slow in their development. Genuine ataxia, however, is recognized as a disease of long duration, under nearly all circumstances, certain cases lasting twenty years or more, death finally being due to inter-current pulmonary disorders. A case in illustration is the following :

A. C., aet 62. "In consequence of exposure and fatigue, paralysis of the lower extremities has gradually developed since 1854, and at present their power is seriously impaired, as shown especially in walking, ascending a flight of stairs, and in all co-ordinated movements of the lower extremities. Great caution is necessary in walking, as the slightest mis-step or collision with another body is sufficient to throw him down. There is no change in the sensory functions, the essential difficulty seeming to be a want of power and control over the muscles of the affected parts. His gait is similar to that of locomotor ataxia."

Epilepsy from gunshot wounds of the head, *insanity*, *chronic malarial poisoning*, and *disease of the kidneys* and *bladder* may be mentioned as next in order of frequency among these disabilities. *Hernia* also constitute a considerable class, and about six per cent. of the whole in my observation. * * * *

Lack of space prevents further elucidation in this abstract. The preceding, however, fairly illustrate the nature of the great mass of pensioned disabilities as they exist to-day.

The general attitude and action of the Government in relation to the matter of pensions has, in the main, been conspicuously liberal, and it will not be denied that the present system in its general aims and results accords with the principles of the purest equity. It stands, moreover, as an agent of great and admirable beneficence, carrying help and comfort wherever it goes, and, in the main, is executed with as great a degree of justice and efficiency as it is possible to be done.

CONTAGION.

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On this occasion I shall regard this subject mainly from the homœopathic standpoint, and possibly, therefore, from the only comprehensible scientific view of it. The suggestions and the teachings of our Materia Medica will partly supply the necessary data for this perhaps novel method of regarding this subject of contagion, and furnish the key that may open to our view its possible simplicity and its harmonious relations with our therapeutic law, if not also with the requirements of general science. All homœopathists recognize the fact that the proving of drugs and of other therapeutic agents has opened up to our inspection the pathogenetic aspect of diseased conditions, when before such provings were made, and when new to those who are unfamiliar with them, only a purely pathological one was possible.

Disease, however produced, must be regarded in the same general light and as falling under the same general definition, viz., as a disturbance of vital equilibrium, or of those forces by and through which life and health are maintained. However else we may regard disease in the abstract, we must recognize it as only a state or condition—an entity of condition, if such an expression may be allowed—for in truth conditions and relations are the real facts of life, those with which almost exclusively we have to do. So that it matters but little whether we regard it from a pathogenetic or from a pathological point of view; in either case the equilibrium of the vital forces is alike disturbed, and harmonious relations and conditions interrupted.

Having thus laid down the basis upon which I shall

treat the subject of this paper, I will now proceed to the more direct consideration of it. The word "contagion" is derived from the Latin verb *contingo*; to touch, to bring in contact. Whatever will produce disease through contact is contagion; and a disease having this power is said to be contagious.

Before designating as I shall do (only in a very general way, however) some of the modes whereby disease is communicated to a living organism, I shall proceed to a brief notice of two only of the more prominent theories that have been presented as the rationale of the manner in which disease is thus communicated, and these only from a pathological standpoint.

I shall dismiss the first of these with but a very brief notice, as it is manifestly the least tenable of the two, and this is the germ theory of the origin of contagious diseases. In the language of another, "This hypothesis * * * has its root in the fancy of the analogy that, as seed cast on the ground yields, or may yield, a certain harvest after its kind, as a field or garden plot may become fertilized by vegetable seeds or germs which may come to it, borne by the atmosphere or by other modes of conveyance, so the body may be infected with the germs of disease, which germs being received in the body as a field for their reception, may increase and multiply in the body and by their presence excite the phenomena which particularize all the special diseases of a communicable kind." This is the main feature of the germ theory of contagion.

The fact that the analogy of vegetable fertilization is not carried out through a process of growth and development to the end of a fructification, in the history of epidemic diseases and plagues, is of itself conclusive against this germ theory of disease. And if this were not sufficient, another equally fatal objection is the fact that if the germ hypothesis be the true one, we would expect that this self propagating process would go on until each individual affected by it would be utterly eaten up and destroyed; and not only this, but also that it would spread from individuals to communities, and that depopulation and extermination would alone stop its progress. This is not, however, the history of epidemic diseases and plagues; on the contrary, both as to individuals and communities, after the disease on the one hand and the epidemic on the other have run their course with more or less of severity and destruction of life, they cease of themselves with the causes and susceptibilities of which they are the legitimate product.

I shall now turn to the other hypothesis, or rationale, if you please, which perhaps has a firmer foundation in truth and in philosophy, viz.: the glandular origin of contagious diseases; and it is possible that in this we shall find the true philosophy of all disease, however communicated. This theory, if not introduced by Benjamin W. Richardson, M.D., F. R. S., has been warmly and ably advocated by him to the Sanitary Congress at Leamington, England, on two occasions.

This theory—the glandular origin of contagious disease—is based upon experiments made by its author through which he "discovered (1.) that the fluids secreted during various stages of disease, in some forms of communicable diseases, could be made to propagate disease." (2.) That from these secretions their poisonous matter may be separated, as he had succeeded in doing in one instance, and of which specimens were on exhibition, and that this poisonous matter appeared like an alkaloid, or a chemical substance resembling in physical prospectus *Morphine*, *Strychnine*, etc., derived from animal rather than like them, from vegetable matter. (3.) That this poisonous matter, under favoring conditions, was competent to produce and re-produce poisonous diseases in kind like unto itself. Here, of course, we recognise the basis of what is ordinarily termed septicæmia. To this poisonous base Dr. Richardson gave the name of septine, and its disease products he calls septinous diseases.

The next step in this procedure is the conclusion he reached, to use his own words, that "The secretions of the animal body are in fact the sources of the septineus diseases, and that the various septinous diseases are, in fact, all of glandular origin; that in every case of disease the poison producing it is nothing more nor nothing less than a modified form of one or the other secretion." Also, that "Each secretion yields some organic product; the gastin secretion, pepsine; the salivary secretion, ptyaline, and so on; and each secretion plays a different part in function, although the organic basis of them all may present a general similitude of construction." His observations led him to the conclusion "that the number of the distinctly communicable diseases is closely related with the number of secretions. The poison of hydrophobia is from the salivary secretion; of diphtheria from the mucous glands of the throat; of scarlet fever, I believe, from the lymphatic glandular secretion of the nasal surface; of typhoid from the mucous glands of the intestinal surface, and so on."

With one more general reference to the views of this learned gentleman, I shall have done with the glandular hypothesis or rationale, whichever it may be, of the *origin* of contagious diseases; and this relates to the manner as well as to the fact of their communication, apart from that of physical contact. This writer's observations and experimentation have led him to the conviction that the same and similar disturbances and perversions of the glandular secretions may be secured through the nervous system by a "nervous impression without the necessary intervention of an infecting particle," as, through fear, anxiety, grief, and other mental states, presenting the same symptomatic phenomena, and not infrequently the same fatal results as those which follow actual coatagion, as all of us who have been through a cholera epidemic can testify.

Under this head two other points will close my reference to the suggestions of Dr. Richardson. First, that the impression, however induced, is made upon a nervous center, and that contagious diseases, "like all which have their root in nervous derangement, present a distinct heredity"—are transmitted from parents to children; and second, that the poison of the venomous snakes is the type of all the organic poisons, and that men and animals are themselves the producers of their communicable diseases, and when suffering from them, are for the time being to be regarded—as occupying precisely the same position as the cobra or any other venomous reptile that naturally secretes a poison—with avoidance and seclusion.

I will here for a moment recur to the fact of the heredity of disease, its transmission from parents to children, and from generation to generation, the most profound impression that it is possible for disease to make, in order to notice the fact that this characteristic is common both to those diseases that are recognized as communicable and to those that are not ordinarily so regarded. Thus is supplied the link that binds diseases of whatever name or nature into a common relationship, the keystone of the arch that supports the entire fabric of the pathological status, as likewise is established the fact that disease from the outset resides in the organization as truly as it is transmitted to succeeding generations, through a more or less profound nervous impression. From this it will appear that the glandular theory of the origin of diseases, whether they are communicable or not, is not an essential factor for the maintenance of the theory that I have already indicated; that toxicological and pathogenetic conditions are, equally with those that are termed pathological, dependent upon and due to a nervous impression more or less profound, and which impression must ensue from a contact that is more or less direct. From these premises the conclusion is inevitable that diseases of whatever name or nature, or however produced, and whether spontane-

ous or induced, are in the broadest sense of that word, contagious. This brings me back to the resumption of my argument, some of the conclusions of which I have by this digression somewhat anticipated.

Returning now to my broad definition of contagion, that whatever will through direct contact produce disease is contagion, I will supplement that definition with the assertion that a physical contact is not a requisite condition for the production or for the dissemination of the recognized communicable diseases any more than for those that are not ordinarily regarded as such.

This proposition surely furnishes a sufficiently wide scope for both hypothetical and philosophical research, and includes both the toxicological and pathogenetic effects of drugs within the limits of such investigations, as it also recognizes the fact that they are as truly disease-creating and disease-disseminating as are the organic poisons themselves, and this, too, through a direct, if not always a physical, contact. Without this link in the chain, the rationale of homœopathic therapeutics is an impossibility, its Materia Medica a fraud and a mere pretence, and a law of cure unattainable and utterly impracticable. The results of the observations and experience of many years in the application of the law of similia, has shown how closely allied, and how firmly bound together, are the phenomena of drug action and of disease action; and that from a common pathological basis are reflected both subjective and objective symptomatic phenomena that not only testify to a common origin, but also that they are the products of a similar, if not of a common, cause. Thus alone it is possible that therapeutic agents and pathological states shall sustain the requisite relations one to the other.

It will be observed that I have placed the organic-septemic-poisons and the toxicological and pathogenetic effects of drugs on the same footing, as alike producers of disease, if not also alike disseminators of it, with the poison of the venomous reptiles, as the type of both. Dr. Richardson has given this prominence to it in relation to what he terms the organic poisons, as I have already shown; and our own Materia Medica has perhaps assigned the same relative position for these organic poisons in relation to itself in their pathogenetic and therapeutic use. Thus we find that the venom of reptiles, the poison of the honey-bee, spider, and of others of the animal and insect races and tribes, are common to both the organic and the drug poisons, so called, and the question may here very properly be raised if all the vegetable poisons should not be included in the category of *organic* poisons, inasmuch as they are also the product of organic life.

Be this as it may, the poison of reptiles and of insects, which is the product of a normal secretion, and that which results from abnormal conditions in non-poisonous secreting animals and man, are both alike communicable either through a physical or some other mode of contact. That the drugs of the Materia Medica produce their impressions in a similar manner, both their toxicological and pathogenetic effects fully prove, if they do not also establish the glandular theory as the correct one as to the origin of diseases that are communicable, as evinced in the action of *Mercury* and of other similar drugs, and thus warrant the conclusion that all pathological conditions of whatever name or nature are the result of a contact of agencies that, under the circumstances of their manifestation, are capable of producing them, and that, primarily, only through a profound nervous impression.

Having thus reached the common ground occupied by both pathology and therapeutics, I may say the straits that connect those two great oceans of thought and investigation, we are prepared briefly to consider some of the causes and conditions that compel their most intimate relationship; and here I find myself almost bewildered and quite perplexed by the variety and prolificness that this theme presents, and especially so in the attempt to keep myself within the prescribed limits of my subject. I shall content myself, however, with but a few suggestions, and perhaps some conclusions, leaving the rest to that more deliberate consideration that its importance merits at your hands.

Premising that as the human organism, whose relations to health and to disease we are now considering, is itself the product of the action of forces, and that through the forces of nature it is also developed and maintained through every moment of existence, it requires no stretch of the imagination nor illogical inference to arrive at the conclusion that in all of our dealings with, and in all speculations concerning it, we must constantly and always revert to and take into account the action and the agency of those forces in relation to it, and this in all of its diverse and multifarious relations, associations, and conditions.

Premising this, we are now ready to revert to the observation that the forces of life when in equilibrium, constitute a state of health; also that when this state of equilibrium is in any manner or degree disturbed, to that extent we have a condition of disease, and this by whatsoever cause induced. We must therefore conclude that the preponderance of the disturbing causes on the one hand, or the predominance of the forces of resistance within the organism itself on the other, becomes the measure of its capabilities as to health and disease, and that the degree of its inherent susceptibilities to disease must determine its capabilities for resistance thereto. Thus is it that contagion is but a relative term, its degree of virulence depending wholly upon the relations existing between the forces of assailment and those of resistance.

Of the fully recognized communicable diseases, the correspondingly mild and malignant nature of vaccinia and of variola, represents the degree of assailment, while in the constitutionally susceptible scrofulous subject and in the perfectly vigorous and healthy one are represented the extremes as to susceptibility. That the same conditions and relations are maintained in the pathogenetic and toxicological effects of drugs, and in the subject of these provings, is abundantly shown in our Materia Medica, as also in the experience and observations of every intelligent physician in their therapeutic use. It is just at this point that we recognise the key to the improved action of the forces of organic life, the interchangeable dynamics of organic and of inorganic life—and this under the homœopathic therapeutic law.

Lest I shall be misunderstood, I will repeat right here that in this connection I use the term "contagion" in its broadest possible sense, as I have already indicated; and I think I have shown also that there can be no vital disturbance, and, I may add, no vitality, without contact; and that all contact is resolvable into a contact of forces, or of modes of force. Life is but a constant succession of contacts and of their resultant changes; and the contagiousness of communicable diseases is but one of its phases, as one of its many and varied incidents. Accepting the glandular hypothesis of Dr. Richardson as the most philosophical and rational of any with which I am acquainted as to the origin of contagious diseases, and recognising the fact that only through a profound nervous impression they can be communicated and transmitted, with or without a physical contact, I cannot avoid the foregoing conclusions, and thus to relegate them with all other forms of disease, and all other phenomena that constitute life, to the reciprocal and antagonistic action of the forces of nature. In resorting to these minute structures of the animal organism, and to the deterioration of their secretions as a basis for a rational theory for the origin of contagious diseases, we approach through the glandular system, very near to the molecules

themselves, and thus very closely to those ultimate forces by which it is controlled, and are brought face to face with the possible fact of a nervous impression as the ultimatum in our search for the causes of disease. So, also, through the provings of the homœopathic Materia Medica, whether pathogenetic or clinical, under the therapeutic law of similia, we are also brought into close proximity to these same ultimate forces; and especially is this the case where the drugs that compose it are carried into their higher alterations, and thus into a closer relation to the minute anatomical subdivisions of the organism itself, and of their inherent forces.

The inference that is thus implied as to the ultimate cause of all pathological states, however produced, is not as remote nor as illogical as it may appear to be in the light of the fact that those delicate structures that make the sum of organic life in all varieties, to their remotest limits, are each and all capable of recognising the impressions of heat and light from bodies that are removed millions and billions of miles from themselves. As in the animal kingdom they are also cognizant of those still more subtle and delicate impressions that proceed from mental and emotional function, both within and external to themselves, as well as of those that more immediately surround and encompass them. The experiences and the observations of every day life in health and in sickness, in our relations to each other, as well as in those that unite us in indissoluble bonds to the lower orders of animal life as to those of the vegetable kingdom also, through ties of mutual dependence, indicate how surely we are in subjection to the forces of nature through all their modes of expression, however gross or however subtle, and that the rule of dynamic force is both arbitrary and supreme.

CLINIQUE.

OVARIOTOMY—MULTILOCULAR CYST—SPONTANEOUS RUPTURE—OPERATION—RECOVERY.

By Wm. Tod Helmuth, M. D., New York.

J. E. B., aged 49, admitted to Hahnemann Hospital April 14, 1880. The following history, dated April 12, 1880, was presented by Dr. P. H. Mason, of Peekskill, her attending physician:

Mrs. B., aged 49. Was pregnant twice, 18 and 15 years ago, respectively. She miscarried both times at three months, but has otherwise been quite well, with the exception of an eczema which has troubled her since 1863. In the early part of the year 1879 she suffered from malarial fever for three months, during which time she was troubled with considerable pain in the right iliac region, extending down the thigh. She was treated for sciatica by an old school physician, but without benefit.

In June, 1879, Dr. Mason was called to see her. He found her very nervous and excitable; unable to sleep at night, and more comfortable in the sitting posture than while lying down. There was inability to lie on the left side on account of a severe, drawing pain in the right lumbar region. Her abdomen gradually increased in size until it measured 58 inches in circumference.

The patient was anæmic and dispirited, and suffered continual pain, for the relief of which she was ordered good, nourishing diet, with an occasional anodyne to procure rest. The tumor, however, continued to gradually enlarge, but was mostly confined to the right side; change of position did not materially affect its character.

During the next month her condition remained much the same, with the exception of a gradual and more symmetrical enlargement of the abdomen, which finally measured in circumference 63 inches. The skin was drawn tensely over the tumor, which seemed divided into three sections by two depressed lines extending from the center of the abdomen downward and to the right side.

On Aug. 1 Dr. M. was called in haste and found the patient in a state of collapse, with profuse cold perspiration, pulse scarcely perceptible and breathing labored. Stimulants were administered and heat was applied locally until symptoms of reaction appeared. The attendants stated that about half an hour before the Doctor was summoned, and while the patient was sitting in an easy chair, she suddenly felt a sharp, stinging pain, low down on the right side, as if something had given way. She called for a vessel to pass water, which she immediately filled, and likewise another, when she rapidly passed into the condition in which her physician found her. An examination of the abdomen showed that the middle section of the tumor had almost entirely disappeared. In addition to what had been lost, the two vessels contained twenty-four pints of pale, amber-colored, transparent liquid, ropy to the touch and with a very faint odor of urine. The patient recovered entirely from this attack, and in a few days was again on her feet.

Four days later, twenty-one pints of similar fluid came away from the vagina accompanied by nausea and vomiting, and twenty-four hours later another quantity of fluid was discharged. The abdomen then measured in its largest circumference 49 inches. The tumor then gradually enlarged till the 10th when another burst occurred of twelve pints. These discharges took place at intervals of from ten to thirty days until the last one, which occurred about three months ago (January). During the last autumn Dr. J. N. Tilden was called in consultation, and it was decided to send her to the Hahnemann Hospital.

Menstruation had always been regular up to last August, but since that time it has occurred at intervals of from six to eight weeks.

After a couple of days' rest at the hospital a small quantity of dark fluid was withdrawn by aspiration, which was loaded with albumen and contained a number of Drysdale's corpuscles.

Ovariotomy was performed April 21, 1880. The "Listering" was as complete as I could make it, particular attention also being paid to the ventilation and temperature of the apartment.

In this operation, after the usual incisions had been made, I found the whole left anterior wall of the cyst was adherent to the parieties of the abdomen, and was with difficulty separated. The method I adopted was to take one band of adhesion at a time, ligate it by means of a Peaslee's needle, and then, instead of tearing away the adhesions with the finger, to cut them close to the ligature. All the adhesions were treated in this manner, the substance used being fine carbolized catgut. The posterior adhesions were very dense, especially those connecting the mass with the omentum, but were all separated in this manner, which rendered the operation rather tedious.

Having emptied seven large cysts, the sac was drawn out, a long adhesion extending from the pedicle six or eight inches upon the sac, seized and tied, and a Spencer Wells' clamp applied. I then secured the pedicle with carbolized gut, in five sections, and separated it above the ligature with Paquelin's thermo-cautery. The abdominal cavity was then thoroughly sponged out, a large flat sponge laid beneath the wound while the wire sutures were being inserted, to prevent blood from dropping into the cavity; and when all the stitches were applied, by inserting my two fore-fingers into the wound, and drawing the four upper wires toward the upper angle of the wound, and the three lower wires toward the lower end of the cut, a sufficient space was made for the withdrawal of

the sponge. The drainage tube was inserted into the Douglas' pouch, and the woman put carefully to bed after the usual antiseptic dressings had been applied.

She reacted well, but suffered considerably from nausea for several hours. During the night she complained of dull pain in lower part of abdomen, and severe cramps in lower extremities—once in the groin. She received gttXX of McMunn's Elixir of *Opium* at eight P.M., and again at midnight. For flatulence and colic she received—℞ *Colocynth* 1, 2 h.

April 22. Slept four hours in short naps during night. Pain in abdomen more sharp, and relieved by the escape of flatus. Vomited once. Diet, rice water. ℞ continued

April 23. Slept well. Cold feet and legs during day. Slight œdema right foot. ℞ *Arsenicum* 3, every two hours.

April 25. Drainage tube removed. There had been no discharge or odor. Since the operation, 35 to 40 ounces of urine passed daily. To-day there is much irritability of bladder, urine being drawn in small quantities—20 ounces in 24 hours. ℞ *Canth.* 3, 2 h.

April 28. Slight odorless discharge from opening left by drainage tube; patient irritable; pulse weak. Diet: rice-water, milk porridge, juice of broiled beef. ℞ *Quin. s.*, gr j, 3 h.

April 30. Menstruating; dressings removed; integument not quite united between sutures. ℞ continued.

May 2. Sutures removed; complete union of wound except integument. ℞ continued.

May 6. Patient has been sleeping well; good appetite; full diet—milk, chicken soup, meat broths, toast, crackers, etc. Still small amount of pus from wound; slight odor; itching; irritability of mind and bladder continues.

May 7. ℞ *Acon., Canth.*

May 9. Free evacuation from bowels. (Enema.)

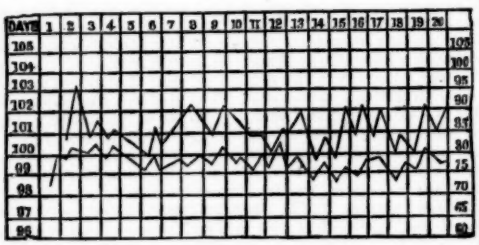
May 10. Vesical irritation continues; urethra very sensitive. ℞ *Ol. Sandal. Lig.* gtt. V td.

May 20. Continues same; wound filled with fine protuberant granulations which do not cicatrize. ℞ *Ung. Zinc ox.* externally.

May 25. Granulations trimmed with scissors.

May 31. Discharged, cured.

The accompanying chart shows well the heat line and pulse, and the relations between them during the term of convalescence:



AN OVARIAN CYST.*

By L. Hallock, M.D., New York.

In May, 1873, Mrs. C. L. C., a healthy married woman, was delivered of a male infant suffering from spina bifida, from which it died at the end of five weeks. The mother, after a sickness of three weeks from puerperal fever, recovered her usual health. The menses returned in July, and the other functions soon resumed their normal condition.

About four months after the delivery, a painless swelling appeared in the right ovarian region, which gradually increased, until in February following the abdomen had obtained the usual dimensions of a seven months' pregnancy.

Until this time the tumor had been soft, fluctuating, without pain or soreness, and presented the aspect of an encysted abdominal dropsy. But soon painful distension and soreness began at a point two inches below and to the right of the umbilicus, which soon resulted in a small fistulous opening, from which was discharged a thin serous fluid much resembling the liquor amnii, and amounting to eight or ten ounces daily. Early in the following month, or about six months from the commencement of the tumor, the patient, whilst applying fresh dressing to absorb the daily discharge, drew through the opening a tuft of hair eight or ten inches in length, and about half the thickness of her little finger, accompanied with some shreds of stringy membrane. This specimen was in my possession several months, and was shown to a number of medical friends. It was subsequently loaned to a professor in one of the medical colleges of our city for exhibition to the students, but by the death of the doctor, the promise to return it failed of fulfillment.

It was of a light red or sandy color, soft and fine as that of a new-born infant, the extremities of the hairs being alike, or without any bulbous enlargement at either end.

After the escape of the hair, the discharge and tumefaction slowly diminished, but have continued to require daily dressing through a period of nearly seven years.

A few months since, the patient, by a slight effort, drew from the opening the tooth herewith shown, which seems to be an ordinary bicuspid of the size of one from a child five or six years of age, and bears the mark of commencing caries. From occasional sensations of pricking soreness, such as preceded the escape of this tooth, the lady expects that others are to follow, which may probably be succeeded by specimens of bones.

During the early months of the growing tumor the menstruation was suspended and the lady supposed herself advancing in usual pregnancy, but soon after the discharge of hair and abatement of swelling, the menses returned and have continued with few interruptions to occur every two weeks. Excepting slight debility from this frequent flow, and the annoyance of the now small daily discharge, the lady enjoys her usual health.

In former years these ovarian products of hair, teeth, and bones were described as "false conceptions," and considered the effect of impregnation, resulting in imperfect or arrested fœtal developments. But subsequent instances of their discovery in young females before the age of puberty, also in adult females in the cavity of the abdomen, unconnected with the ovarian or uterine enlargement, and even externally to the peritoneum, prove them to be unconnected with conceptions.

Cases have been reported of their discovery, on dissection, in the mesentery, in the bladder, in the kidney, and, in one instance, in the thorax.

The present theory of their origin, therefore, is that the ovarian cysts in which they are found are a consequence of an enlargement of one or more of the minute vesicles of the organ by an increased secretion of their usual liquid contents. In most instances this is simply a serous fluid constituting encysted ovarian dropsy, but in the cases affording these products the walls of the cysts, by a morbid process analogous to secretion, produce layers of fatty deposit, including these contents of hair, teeth, and bones. It is a noticeable fact that nearly all the cases recorded have, like the present one, been confined to the right ovary.

* Read at the regular monthly meeting of the N. Y. Medico-Chirurgical Society, held June 8, 1880.

Cysts of similar character and contents have been reported as found in some of the inferior animals.

The peculiar interest of this case is found in the *spontaneous* escape of the contents through the *walls of the abdomen*, a result extremely rare, if not without precedent. I have not found any report of another such termination, the usual course being (when not removed by an operation) the bursting of the cyst into the cavity of the abdomen, producing death by peritonitis, or the discharge of its contents by ulceration through the walls of the vagina or rectum.

NOTE ON A CURIOUS MALFORMATION IN AN INFANT.

By E. R. Corson, M.D., Savannah, Georgia.

I was summoned at 4 A. M. Sept. 6th, to attend Mrs. S., aged 25, at the birth of her third child. On my arrival, I found the child already born and crying lustily. The cord was cut and the placenta delivered without any difficulty. The mother rapidly convalesced without an untoward symptom. The infant, to the horror of the mother and the old women of the neighborhood who turn out on such occasions, presented an ugly deformity in the shape of a semi-cystic, partially lobulated, claret-colored, glistening tumor, arising from the base of the frontal bone between the widely separated superior maxillæ. This tumor was about the size of a large orange, and hung down over the lower lip entirely occluding the mouth. On lifting the tumor up, its under surface was found to be continuous with the roof of the mouth, giving an unbroken arch to the oral cavity for three quarters of an inch posterior to the border of the gums, where a widely cleft palate began and extended through to the pharynx. The child, a female, weighed 6¼ lbs., and was otherwise a perfectly formed baby, evincing a good deal of vitality from its vigorous kicking and the lusty way it cried. The occipito-frontal circumference of the head was exactly 12 inches; the occipito-frontal diameter, 4¼ inches; the bi-parietal, 3¼. The cranial bones were well formed, the sutures closer than one would be led to expect, judging from the widely separated maxillary bones. The frontal suture was open from the anterior fontanelle to within one and one half inches of a line passing through the canthi. From inner canthus to inner canthus measured 2¼ inches; from nostril to nostril 2 3-8 inches. The anterior fontanelle had an antero-posterior diameter of 1½ inches; and a transverse diameter of 5-8 of an inch. The posterior fontanelle was small, being covered by the tip of the little finger.

Figure 1.

En face, the head presented a most peculiar appearance. Between the widely separated eyes and nostrils arose this tumor, its base covered by skin supplied with a few sparse hairs, this skin passing abruptly on a level with the nostrils into a semi-mucous membrane, becoming more mucous in character as it

Figure 2.

passed into the true mucous membrane lining the roof of the mouth.

On palpation, the tumor was found to be partially cystic, with small oval tumors imbedded in its walls. On the left side the tumor presented a smooth surface, while on the right it was partially mammillated from the small tumors above mentioned. This is shown in fig. 1.

There was a small almond-shaped cyst on the right side where the upper lip touched the protruding mass. (See fig. 1.) The eyes were perfect.

The widely-separated nostrils differed greatly. That on the left was normal in shape. There was a small *cul de sac* to its inner side, giving the appearance of a second nostril. This was caused, however, by a folding in of the skin from the traction exerted by the tumor. (See fig. 2.)

The right half of the nose was shaped more like a teat or tubercle, slightly flattened and clubbed, the nostril passing through its center. It might again be likened to the last joint of the little finger, slightly flattened and clubbed, and pierced by the nostril. It is shown in figure 1. These two nostrils communicated with the mouth and throat, for milk taken by the child regurgitated through the nostrils when it cried or vomited. The upper lip was in the condition of a double harelip, the median or intermaxillary portion being represented by the tumor, which from its size had widely separated the two maxillæ. The lower lip was normal. The tongue was large, well formed, but without any frænum. The widely cleft palate was easily seen on lifting up the tumor. The pharynx appeared normal. The rest of the body was perfectly formed.

The child lived five days, and during this time it cried almost continuously. The expression of the face indicated pain, evidently much increased when the tumor was touched or raised up. A few hours after its birth the child passed a large amount of meconium. The mother's milk was drawn off with a breast-pump, and fed to the child with a spoon. By raising the tumor and turning the child well over on its side, the nurse was enabled to feed it. Much of the milk, however, ran out of the side of the mouth, or regurgitated through the nostrils.

On the second day I punctured the tumor with a hypodermic syringe, and drew off bloody serum. I then introduced the smallest needle of Peaslee's Aspirator (No. 1), and evacuated an ounce and a half of a liquid of the same character. This reduced the size of the tumor considerably. It was found very difficult, however, to feed the infant properly. The tumor had to be raised up each time, and this gave much pain, while most of the milk failed to reach the tomach.

On the third day, as the child was getting but little nourishment, and showed perceptibly the lack of food, I decided to remove the mass. A straight needle, armed with a strong, double silk thread, was passed through the base of the tumor from above downward, the needle emerging at a point corresponding to the middle of the upper lip. The thread was cut, and each half of the mass strongly ligated, and the tumor cut off as near the ligature as possible. The slight oozing from the cut surface was easily stopped by a weak solution of Monsel's salt. The stump was covered with carbolized lint kept moist by a 20 per cent. solution of carbolic acid. The child was given milk freely, and occasionally a little whiskey and water. It passed, to all appearances, a comfortable night No anæsthetic was used. It did apparently well till the fifth day, when tetanus suddenly developed, to be speedily followed by death.

The parts removed weighed 3½ ounces, the cyst wall weighing 1½ ounces, and the contained fluid, 2 ounces. The cyst wall varied greatly in thickness, in places on the right side half an inch thick, while in others thinning down to the twelfth of an inch. It was largely composed of muscular fibres. The internal surface was shaggy, irregular, and covered by a whitish, pasty substance, not unlike in appearance the gray matter of the brain.

I greatly regretted not having the opportunity to dissect the head. It would have been extremely interesting and instructive to have dissected out the relations of this tumor with the frontal and superior maxillary bones. But, as often happens, science had to give way to sentiment, and I had to be contented with an examination of the exterior.

It was Goethe, I believe, who said: "In her malformations Nature reveals her secrets." The great philosopher expressed in these few words a truth which has been abundantly verified. But, unfortunately, our knowledge of the subject soon comes to a stop, and the really vital question of the *fons et origo mali*, how it is that Nature so runs off the track, remains still a mystery, only to be revealed when life itself ceases to be a problem whose many unknown quantities baffle our present methods of solution.

Whatever knowledge we possess of the origin and development of malformations we owe to the teachings of embryology, a comparatively new science which has thrown a flood of light on zoölogy and biology as well as pathology.

Most of the malformations which come to the notice of the surgeon have been shown to be arrests in development—"inhibitions of growth," as some one has expressed it. As examples we have spina bifida, extrophia of the bladder, harelip, cleft palate, congenital epispadia, and hypospadia. In these instances there has been an arrest of the neural and haemal arches in their union on the median line where they close in the dorsal and ventral cavities, the former occupied by the cerebro-spinal system, the latter, by the thoracic and abdominal viscera.

In the case before us there has been an arrest in development as well as a hyperplasia, a lack of union of the primary maxillary processes, and the growth of this immense mass having the position of the fronto-nasal process.

The face is developed at an early period of fœtal life. From the lower border of the frontal region or anterior cerebral vesicle there grows downward a rather broad bud, known as the fronto-nasal process, which separates the nasal sacs and contains, posteriorly, the cartilaginous ethmovomerine, and, anteriorly, the intermaxillary bone in which the incisor teeth of the upper jaw are developed. Near the outer angle of this bud, on either side, a notch appears, thus dividing the fronto-nasal process into three parts. In the middle one is developed the intermaxillary bone, while the two external portions form the alæ nasi around the openings of the anterior nares.

Two buds, one on each side, continued forward from the first visceral arches, are known as the maxillary processes, and eventually develop into the superior maxillary bones. They unite with the intermaxillary on the middle line and close in the sides of the oral and nasal cavities, giving also a roof to the mouth as well as a floor to the nose.

Anything which prevents the union of the maxillary and frontal processes leaves clefts or fissures at the lines of union, known as single or double harelip and cleft palate, not uncommon congenital defects.

In the present instance there existed a double harelip complicated with a widely cleft palate, a combination rare in a female child. To this deformity was added a tumor which seems to be nothing more than a great hypertrophy of that portion of the fronto-nasal process which goes to form the intermaxillary bone, homologous with the premaxillary bone of lower vertebrate forms, where it is generally much more developed.

HOMŒOPATHIC HOSPITAL, WARD'S ISLAND.

REPORTED BY CLINTON S. BAGG, M. D., HOUSE PHYSICIAN.

CROUPOUS PNEUMONIA.

J. M., male; age 34, single, Ireland, laborer; admitted to hospital April 4, 1880. Diagnosis, acute croupous pneumonia. Patient says that he has been addicted to liquor during most of his life, but never to excess. General health has always been good. Present attack began about four days ago; the 5th he got very wet and was exposed to the cold for some time. That night was seized with a very severe chill, which lasted for a long time; it seemed to return each time he would move, or uncover himself. This passed off and was followed by a high fever, sweat, restlessness, etc., had some pain in chest and slight cough. The 6th there was a return of the chill, when the pains became intense in the right chest, and the cough became more frequent, dry, and painful. The cough would bring on fits of retching, when he would raise a little white slimy phlegm. The fever was high and thirst was intense. He kept up most of the time till he entered here. At that time complained of severe dull pain in the frontal portion of the head, excessive thirst, severe sharp cutting pain in right chest, which is increased by coughing or breathing. Surface of the body is hot and dry; tongue dark-brown and heavily coated; face flushed and anxious; respiration rapid and panting; pulse 120 per minute, regular, short, quick and small; coughs a good deal, raising a rusty colored sputa, which is thick and gelatinous.

Physical Signs.—Expansion diminished in right side, increased on left, palpation shows a slight increase in vocal fremitus over the lower lobe of right lung. On percussion, resonance is increased over the anterior and upper portion of the lungs, complete dullness existing over the lower right lobe. The vessicular murmur is slightly exaggerated over the left and upper portion of right lung, and over the lower right lobe. The breathing is bronchial in character, and bronchophony is well marked over the affected portion of lung; small moist friction sounds are heard with both inspiration and expiration. ℞ *Acon.* 1c. and *Bry.* 1c.

April 11, 9 A. M., temperature 102 deg. 6 P. M., temperature 104 deg. Patient restless and anxious. Lips and tongue heavily coated. Coughs some, which causes pain, and raises a rusty sputa. Complains of a weight and oppression over chest. Bowels costive; urine high colored, and contains little chlorides, but excess of phosphates. ℞ *Phos* 3c.

April 13, 9 A. M., temperature 101½ deg. 6 P. M., 102½ deg. Coughs a good deal, and raises thin blood-

streaked sputa. Considerable sharp pain when breathing or coughing. Skin hot, but moist. ℞ *Bry.* 1c., and *Phos.* 1c. continued.

April 14, 9 A. M, temperature 99.6 deg. 6 P. M., temperature 102 deg. Patient restless, tosses about, slightly delirious, mutters to himself, tongue brown and dry; pulse 100; rapid, small, feeble: the cough slightly increased. ℞ *Rhus* 1c.

April 15, 9 A. M., temperature 100¾ deg. 6 P. M., temperature 102¼ deg. Much less delirious. Coughs and raises more; pulse rapid, small and feeble. Spirits *Vini Gall.* given in small quantities. *Rhus* 1c. continued.

April 16, 9 A. M., temperature 100¾ deg. 12 M., 103 deg. 6 P. M., 101 deg. Great thirst and prostration; no delirium; appetite gone; coughs a good deal; cough tight and gives some pain; has a feeling of weight and oppression over chest. ℞ *Phos.* 1c.

April 17, 9 A. M., temperature 101¼ deg. 12 M., 103 deg. 6 P. M., 100¾ degs. Condition same.

April 18, 9 A. M., temperature 99¼ deg. 12 M. 103 deg. 6 P. M., 101 deg. Coughs more; the cough more loose; raises considerable yellowish phlegm; dyspnœa not as marked; feels some better. Dullness still exists over the lower right lobe, but small moist subcrepitant rales are heard, with both inspiration and expiration. ℞ *Sulph.* 3c.

April 19, 9 A. M., temperature 100 deg. 12 M., 99.9. 6 P. M., 99 deg. Patient seems easier in every way; has no pain in chest. ℞ *Sulph.* continued.

April 20, 9 A. M., temperature 98 deg. 6 P. M., 99 deg. Tongue clean, and feels stronger. ℞ same.

April 21, 9 A. M., temperature 98½ deg. 6 P. M., 99 deg. Cough easier; much less oppression over chest; sputa quite profuse and white; pulse regular, small, soft; feels severe pain in chest. ℞ same.

April 25, 10 A. M., temperature 98¼ deg. 6 P. M., 99¼ deg. Breathing much easier; little or no coating on tongue; appetite returning; coughs and raises considerable; pulse 98, regular, full, compressible. The vessicular murmur is more normal over anterior portion of chest. Posteriorly, over lower right lobe, it is broncho-vessicular; small mucus rales still exist; dullness remains. ℞ continued.

April 27. Patient improving; temperature 98½ deg.; pulse good. ℞ same.

May 1. Patient complains of feeling weak and drowsy; cough a little dry; sleeps at night well, except when coughing. ℞ *Ars.*

May 5. Dullness remains over the base of right lung, though the breathing has assumed its vessicular quality. Patient feels much stronger; appetite good. ℞ *Ars.*

May 12. Improving. ℞ same.

May 25. Expansion over the affected side is a little diminished; dullness remains, though the vessicular quality has returned to the respiration. Is up and about; feels well.

May 27. Discharged. Cured.

F. A., male, aged 23, single, Swede, admitted to hospital April 14, 1880. Diagnosis:

DOUBLE LOBAR PNEUMONIA.

Patient says that during his life, with the exception of one fever, he has always been healthy, up to the present attack. Habits of life have been good. No hereditary tendency to pulmonary troubles, nor has he before ever had any chest difficulty. For three or four weeks before attack, patient noticed that he was feeling badly, losing strength and appetite, suffering some from nausea, and little exertion would fatigue him; his skin began to assume a yellowish color, and he had severe pains in right hypochondriac zone. One week ago helped to do some washing, when he got quite warm and sweaty. He went up on the house-top to hang the clothes out, when the wind was blowing strong and cold; soon he was seized with a severe chill, followed by high fever, short cough, and dyspnœa. Kept about most of the time, and in three days was seized with another chill, when there was an increased dyspnœa, pain in chest, cough, etc. Cough was dry and rather hacking.

Continuing to get worse he came to the hospital. Upon entry was somewhat emaciated. Very much jaundiced, especially the conjunctivæ; face was flushed; nostrils dilated; skin hot and dry; respirations panting and rapid; tongue coated and brown; temperature 103¾°; pulse 100 per min., regular, feeble, small; complains of some pain in right hypochondriac zone, where there was considerable tenderness upon pressure; bowels were rather costive, the fæces being ashy colored; has little appetite; coughed considerable, raising very little phlegm, which is white, tough, and strong, coming up with great difficulty; suffers extremely from dyspnœa and thirst; mind is clear, there being no tendency to delirium.

Physical signs. Expansion diminished on either side, most marked in right; vocal fremitus increased over the posterior portion of both lungs, most marked over the right.

Percussion shows exaggerated resonance over the anterior and upper portion of both lungs. The lower lobe of right lung gives complete dullness; the dullness in left side most marked over the inner and lower half of the lower lobe.

Auscultation. Respiratory murmur exaggerated over the upper and anterior portion of both lungs; over the lower lobe of right lung the breathing is tubular in quality, and bronchophony is well marked; no rales are to be detected. Over that portion of the left lung involved, we get, also, tubular breathing and bronchophony, but the sounds are not so distinct, and over the outer portion of the solidification small dry rales are heard with inspiration only; above this we get moist friction sounds. ℞ *Acon.*, 1c.

April 15. Cough increased, accompanied with pains which are sharp and cutting throughout chest, felt also when breathing; cough is quite dry; raises only a little white mucus. ℞ *Bry.*, 1c. Pulse regular, full, small, 100 per minute; respirations 45 per minute; temperature, 9 A. M., 103¾°, 12 M., 101¼°, 6 P. M., 100¼°.

April 16. Condition about the same; raises more when coughing. 9 A. M., temperature 100°, 6 P. M., 100¼°. ℞ continued.

April 17. Tenderness and pain continues in the hepatic region; coughs more and raises a grass-green sputa, which is thick and stringy; pain, etc., continues; pulse regular, rapid, and feeble; respirations continue rapid and panting; tongue coated thickly; skin hot but moist; temperature, 9 A. M., 100¼°, 6 P. M., 100°. ℞ *Merc. sol.* 1c.

April 18. Condition same; temperature, 6 A. M., 99 deg., 12 M, 99¾ deg., 6 P. M., 100 deg.

April 19. Condition same; the patient is a little weaker; pulse intermittent, irregular, feeble, and small; skin hot and moist; tongue clearer; temperature, 99½ deg. 9 A. M., 99½ deg. 12 M., 99 deg. 6 P. M. ℞ *Digitalis* 1c., *Merc. sol.* 1c. continued. Spts. *Vini Gallici* given in the milk.

April 20. Patient feels improved; pain and tenderness diminished over liver, and jaundice less marked; tongue less coated; raises a great quantity of sputa, which has lost its green color; dullness continues over base of lungs, with tubular breathing, bronchophony, etc., but small, moist, subcrepitant rales heard with both inspiration and expiration; respiration much easier; pulse feeble, rapid, but regular. ℞ *Merc. sol.* 1st trit., and spts. *Vini Gallici.*

April 21. Temperature 99 deg. 9 A. M., 99 deg. 12 M., 99¼ deg. 6 P. M. ℞ continued.

April 23. Patient feels stronger; appetite returning; breathing easier; jaundice quite disappeared; tongue moist and clean; coughs a good deal, raising a large amount of sputa. ℞ same.

April 24. Patient improving; 9 A. M. temperature 98⅘ deg., 12 M. 98⅘ deg., 6 P. M. 99 deg.; pulse stronger and regular; no pain or tenderness over hepatic region; appetite returned; some oppression remains over chest, with feeling of weight. ℞ *Phos.* 3.

April 25. Condition same; temperature 98 deg.

April 27. Patient improving slowly; dullness continues over base of lungs; bronchophony much diminished; the respiratory sounds are only rude in character; rales well marked over the whole affected portion of chest. ℞ same.

April 29. Patient improving slowly; appetite good; feels generally stronger; coughs considerable; raises but little; breathing much easier; the temperature averages 98⅘ deg. to 99 deg.; pulse stronger and regular. ℞ same.

May 1. Patient improving; the breathing much easier; pulse 89; temperature 98⅘°; skin moist and cool; has no pain or oppression over chest; raises little; vessicular murmur and percussion quite normal over anterior and upper portion of chest; over posterior portion of right lobe breathing is bronchovessicular; vocal resonance slightly exaggerated; some small rales yet remain; heard with expiration and inspiration; percussion slightly dull; condition of the left lower lobe about the same. ℞ *Phos.* 3 continued.

May 5. Patient still feels weak; appetite fair; coughs some yet; cough dry; has some soreness in chest; temperature 99 deg. ℞ *Ars.* 1st trit.

May 9. Slowly improving. ℞ same.

May 15. Slight dullness remains in the affected portion of lungs: the respiratory sounds are rather feeble; no rales are heard; pulse slow, regular, and strong; appetite good; patient sets up. ℞ *Ars.* 3.

May 28. Patient improving; goes about the ward; has no cough. ℞ *Ars.* 3.

Constant, slow improvement up to June 8, when he was discharged, cured.

DISSECTING ANEURISM OF THE ARCH OF THE AORTA.*

By H. R. Brown, M.D.

June 28. Was hastily called to Mrs. N., a thin, rather frail woman, aged 56. She was on a bed; very pale; lips colorless; face and hands bathed in cold perspiration; nausea, with attempts to vomit without success; pulse very weak and fluttering; no pain.

Every time she was asked how she felt, she answered, "Better now, only faint and sick at the stomach."

Her husband said, three days before he found her on the floor senseless and pulseless, and supposed her dying. But upon giving her some stimulants and a "good rubbing," she revived, and in a few hours was about the house as usual.

At the commencement of the last attack she was sewing, and feeling faint, she laid down on the lounge, supposing it would soon pass off; but finding she grew worse, she sent for her husband, who found her in the condition I have described.

At first I thought of poison, but could not fix upon a poison that gave me *just* this picture, then I decided it must be internal hemorrhage, but from what source I was of course ignorant.

All efforts to rally her proved unavailing. She died in about two hours after I was called. Eighteen hours after death, Dr. F., of Concord, and myself held an autopsy. Body somewhat emaciated; rigor mortis marked. Upon opening the chest, it was half full of fluid blood; lungs engorged; heart normal. Within the pericardium was considerable serum, and a firm blood clot one and a half inches long by half an inch in diameter. Circle of aorta one-third larger than normal; walls thin and flabby. Between the middle and external coat was a layer of firm coagula, extending for several inches from the heart. At the union of the artery and heart, embedded in the tissues, was a firm clot, the size of a small walnut. Owing to the lateness of the hour, and the parts being bathed in blood, we did not find the opening through the external coat of the artery; probably it was quite small, as the patient survived between two and three hours.

* Read before the Mass. Surgical and Gynæcological Society.

Exsanguification of Fibroid Tumors.—M. L. Labbe presented to the Academy of Medicine (*Le Prog. Med.*) an account of a new modification of the operation of hysterectomy as applied to fibrous tumors. The quantity of blood contained in these tumors of the uterus is very great, and the loss of blood incident to the removal of the tumor has always given rise to anxiety on the part of the operator, especially when we remember that the operation is nearly always performed on women who are in an advanced state of cachexia.

On the same principle which led Esmarch to apply a compressive bandage to the parts to be amputated, M. L. was induced to use the same bandage in order to return into the general circulation the blood contained in large tumors of the uterus. The patient upon whom he applied this principle for the first time was in a most deplorable condition at the time of the operation, and she died six days after it, from septicæmic complications. But it was proven that the enormous fibroid upon which compression was practiced had been rendered completely exsanguious, and that over a litre of blood had been preserved to the organism.

The theoretic idea which led M. L. to apply the Esmarch bandange for the prevention of hæmorrhage in cases similar to the above, was fully justified by the case reported. The particular conformation of the tumor in this case didn't require any special mode in the application of the bandage; but in a tumor of regular form it is to be feared that the application of the bandage might present some difficulties. In such a case, in order to fasten the bandage and give it a point of support, we would transfix the tumor near its summit with one or more long metallic needles. Several needles could be placed at different heights in such a manner as to give, at the same time, support to the bandage and prevent its slipping.

M. Labbe concludes: First, that there must be a great advantage when operating upon large fibro-myomata of the uterus, removed by the operation of gastrotomy, in restoring to the patient the large amount of blood always contained in these tumors; second, that this exsanguification can be obtained in a complete manner by applying upon the tumor a bandage possessing elastic properties. (T. M. S.)

Malignant Pustule.—A woman, pregnant, had upon the radial border of the forearm a black macula, or spot, which was surrounded by phlyctenluæ. The surrounding surface was glutinous; the skin smooth, distended, reddish in places. On the 13th of the month there was intense headache; at this date a portion of the serum of the pustule was injected into a guinea-pig. On the 14th the œdema had reached the shoulder; the temperature was 37 deg. (98.6 F). The guinea-pig died thirty-six hours after the injection; bacterides were found in the blood and in most of the organs. On the 15th *Iodine* was injected into the sore and dressings of *Carbolic acid* applied. On the 17th the swelling of the arm had diminished and the center of the eschar was detached; the general health better. The *Iodine* injection was continued. Some of the serum was injected into another animal. On the 18th the condition of the patient was still improving. On the 20th the guinea pig was unaffected and the woman nearly cured; gestation had not been interrupted. (T. M. S.)

The Homœopathic Times.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE ANNUAL ALLOPATHIC JOKE.

Among the most facetious people in the world are undoubtedly the clergy, the physician, and the undertaker. The quiet, earnest way in which they relate a joke convulses with laughter, no less from the extremely ridiculous statement than from the apparent honesty and gravity of the utterance. No allopathic gathering, either social or scientific, is considered complete unless something is said about homœopathy, and the more ridiculous the statement the more boisterous the mirth and the louder the applause. When, therefore, at a recent introductory lecture in one of the city medical colleges the learned professor, robed in his students' gown, and with the pious gravity of a Methodist parson, proposed the conundrum, "Who ever heard of a homœopath making a diagnosis?" it was received with wild shouts of laughter and boisterous clapping of hands and stamping of feet. The joke was decidedly the best of the season, and was appreciated with a keen relish, and yet there were those in that vast crowd of young men just starting upon their medical studies, who really thought the professor was in earnest, and wondered why these ignorant homœopaths were tolerated by an intelligent public; why the whole world could not see that if they wanted diagnoses they could only be had of a good, sound allopath, who is always expected to have them properly made to meet every emergency. A diagnosis is a good thing, always handy to have, properly labeled and put away against the time of need. It is such a satisfaction to know precisely what is the matter, even it our armament of so-called remedies is utterly powerless to produce relief. The assurance the patient has that he is in the first, second, or third stage of phthisis, or that the dizziness in the head means uremic poisoning, or that the pain in the bowels comes from an irritation of a particular plexus of nerves, and that the doctors know just what is the matter with him, and that if there are any doubts they will cut him open after his death and verify the correctness of their diagnosis, must, as a matter of course, be inexpressibly soothing to him in his last moments. We have always thought the great hold our allopathic friends have had upon popular favor was their tremendous powers of diagnosis. With what skill they unravel the most tangled web and pour the sunlight of science upon the darkest and most complex questions of disease, making them clear as noonday! Whoever heard of an allopath making an *incorrect* diagnosis? A lady recently called, at our request, upon one of the most celebrated gynæcologists in the city, a learned lecturer and an able writer of books, for his diagnosis. The diagnosis was, after the most mature deliberation—*floating kidney*. He could hold no communication with us, we being a homœopath, but the husband might rest assured the diagnosis was correct. We were profoundly grateful for the diagnosis. It is true, we had supposed the trouble was retroflexion of the womb, and we noticed as soon as the womb got back into its normal position the patient seemed quite well, but here was where a profound scientific diagnosis was of vast importance. Undoubtedly the kidney, in floating about, became attached to the womb, which absorbed it into itself, and thereby gained sufficient strength to become a healthy womb. We should have known nothing about this wonderful transformation had not the genius of the distinguished scientist made the whole matter perfectly clear.

We really believe the learned professor, who is a most learned and able man whom all delight to honor, was perpetrating a huge joke which he enjoyed thoroughly when he propounded the conundrum, "Who ever heard of a homœopath making a correct diagnosis?" But many a truth is uttered in a joking way, and we are so modest as to confess we often make grave errors in diagnosis. We are trying to learn, however, and hope in time we shall so far improve as to make a diagnosis, not so brilliant, perhaps, as our friend of the "floating kidney," but still one which will be passable. The State and city have been very kind to us, knowing our great needs. The State has placed in our hands a large insane asylum to give us an opportunity of working up on nervous diseases, and they do say our superintendent has advanced so that he can make a tolerable diagnosis. It is not of as much importance, we suppose, that the ratio of cures is greater, and that of deaths less, than any other asylum in the United States, but still it is rather comforting to the patients and friends. The city authorities have placed one of the largest city hospitals in our hands, and notwithstanding our woeful shortcomings in diagnosis, the cures are greater, and the cost of support less,

than any other hospital in the city. Even the good-natured jokes of our amiable allopathic friends are fully appreciated and enjoyed, knowing as we do that from the inner chambers of the souls of all who have been long enough in the profession to realize its uncertainties and perplexities goes up the earnest cry of *give us more light*, and every honest man respects the earnest seeker after truth and bids him God-speed.

THE WORLD'S CONVENTION, 1881.

The British Homœopathic Congress has fixed upon the second week in July, 1881, as the most convenient time in which to hold the next International Homœopathic Convention. The following programme has been announced:

1. That on the Monday evening the President shall hold a reception at the hall of meeting, or some other suitable place, to which all members of the Convention, with the ladies of their families, shall be invited.

2. That the general meetings of the Convention shall be held on the Tuesday, Wednesday, Thursday, and Friday afternoons, from 2.30 to 5.30 o'clock, sectional meetings being held on the following forenoons, by those specially interested in the subject of the day, for further discussion.

3. That on the Tuesday the President's address shall be delivered, and followed by a discussion on the present state and future prospects of homœopathy, with the best means of furthering its cause, as suggested by the reports sent from the various countries of the world.

4. That the business of the Wednesday shall be the Institutes of Homœopathy and Materia Medica; of the Thursday, Practical Medicine and Gynæcology; and of the Friday, Surgical Therapeutics, with those of Diseases of the Eye and Ear.

5. That on Saturday, at 2 o'clock, a concluding meeting shall be held for the transaction of all supplementary business; and after this the British members present shall determine the time and place, and elect the officers of their next annual Congress.

Dr. Edward Hamilton, of London, was selected for presiding officer; Dr. Richard Hughes, of Brighton, Vice-President; Dr. Bayes, Treasurer; Dr. Gibbs Blake, General Secretary; Dr. J. W. Hayward, Liverpool, Dr. J. C. Burnett, London, Local Secretaries.

Present appearances indicate that this forthcoming meeting will be the largest of the kind which has ever convened, and great good to our cause ought to result.

Herbert C. Clapp, M.D., of Boston, has just finished a new book, entitled, "*Is Consumption Contagious, and can it be Transmitted by means of Food?*" Otis Clapp & Son will publish it in November.

BIBLIOGRAPHICAL.

THE BRAIN AS AN ORGAN OF MIND. By H. C. Bastian, M.A., M.D., F.R.S., etc. Published by D. Appleton & Co. New York:, 1880.

The title of Bastian's work is such as to attract special attention before even opening it. The brain is referred to as *an* organ of mind, not as *the* organ of mind; the reason for this distinction will appear.

The author commences with some general suggestions as to the probable or possible modes by which matter changes from simple to complex forms. Reference is made (p. 5) to the unlike appearances which some identical (so far as can be ascertained) inanimate elements may present, according to their molecular arrangement (carbon, phosphorus, and sulphur, for example), a phenomenon known to every one under the name of allotropism or polymorphism.

Allusion is also made to the fact that certain saline molecules (silica, sesquioxides of chromium, iron, etc.) may, in compliance with their surroundings, aggregate differently, so as to produce in one instance crystalloids, in another colloids; and also that along the border line between the animal and vegetal kingdoms of life there are strewn a multitude of organisms to which either kingdom might seem to have equal claims, and which indeed exhibit such liability to an apparent change from one side of the line to the other, that Bastian applies to them the term "ephemeromorphs."

He holds, too, that all so-called "selective power," whether displayed in crystal, plant, or animal, belongs to the problem of molecular physics; there are "differences of degree, but none of kind."

Of colloid matter he observes that there are some forms capable of responding, by contractive movements, to certain incidents of stimuli, such for example as touch, light, heat, etc.

From one of the fundamental principles of biology —that repetitions of action or function tend to occasion structural change—he formulates the natural deduction that "frequently recurring contractions in any one portion of living protoplasm will almost certainly lead to a structural change therein." And further, he says: "We are warranted in supposing that such a structural change will be of a kind to favor the occurrence of the actions by which it has itself been produced" (p. 20).

The stimulus in its path may at first produce only molecular movement; each transmission of a stimulus through a given path becomes easier than the last, and soon there is shown a tendency to such structural changes along the route as will result in a constant and specific highway for such action, and thus, step by step, through countless generations and ages, matter becomes more and more complexly organized, and in forms adapted to express all those phenomena which we include in the terms "instinct" and "reason."

Any point which, in such lowly organized mass, was preëminently sensitive to incident stimulant, might, upon this theory, ultimately develop as a ganglion, and the nature of the stimulant would determine the functional character of the ganglion; thus, if the stimulant were sound, the result would be an auditory ganglion; if light, an optic ganglion; odor, an olfactory ganglion, and so on.

In primitive organizations one or more of these ganglia serve as the medium by which an organism appreciates its surroundings, and by which it discharges those functions that are necessary to its continued existence. Through multiplied experience these ganglia attain constantly increased perfection, and a perpetuated variation of experience either builds new functional departments in a ganglion, or originates an altogether new ganglion for such special purpose.

In this manner a nerve structure is at first so simply

formed as to be apparently incapable of other action than that of automatic reflex response; at length, however, it develops into powers of instinctive acts, and then into those of conscious volition.

This view of psychological evolution does not by any means make it a logical necessity that every form of animal existence is an outgrowth of a common beginning, diversified in characters only through prolonged periods of difference in environment and difference in special direction of growth.

Ordinary observation renders it sure that there has been at least *one* source of animal life, and deductive logic would give equal favor to the multiple origin of life; for admitting *one* beginning of life possible, it follows that *two* or *many* are also possible. As yet it is not demonstrated that all animal life, from the amœba to man, represents only various stages of a single potentiality. With these general ideas our author seems disposed to leave the question of the precise relation between man and primates to be considered by the light of future knowledge. Here, then, is an epitomized suggestion as to the probable mode by which animal structure arrives at complexity and differentiation.

With this key the reader can easily forecast the drift of the next chapter, which treats of the "Origin, the Use, and Nature of the Sense Organs."

Chapters IV, V, and VI. are devoted to an examination of the nervous systems of mollusks, vermes, and arthropoids. The following three chapters are a consideration of the brain in invertebrates, fishes, amphibia, reptiles, and birds, and this is succeeded by a chapter (X) upon "The Scope of Mind," in which is rehearsed the ground so familiar to scholars in modern physiology and psychology. The gist of the chapter is, that the mind is not limited to consciousness, but that it "includes all unconscious nerve actions as well as those which are attended by consciousness," and the way for this conclusion was paved by the doctrine of "unconscious cerebration" (p. 152).

"Reflex Action and Unconscious Cognition" (XI), "Sensation and Perception" (XII), have nothing especially new, except the formula is clearly expressed that, although all knowledge is acquired by experience, yet each organism does not acquire all its knowledge by *personal* experience or through the avenues of its senses; but there is besides this an inherited experience from a long line of progenitors, which inheritance is manifested in the qualities termed "intuition and instinct." The building up of instinct is treated of in chapter XIV.

With chapter XVI commences a consideration of the brains of quadrupeds and various mammalia, a well expressed bit of explanatory comparative anatomy.

In chapter XX (p. 370-1) the author expresses the same opinion which physiologists of the day generally entertain, that "there is no necessary or invariable relation between the degree of intelligence of human beings and the mere size or weight of their brains."

Chap. XXV embraces thirty-six pages under the head of "Phrenology; Old and New." Past ideas respecting the special office of the brain are briefly reviewed, commencing with Aristotle, who taught that it was "an inert viscus, cold and bloodless, and of no use except to cool the heart." Mention is made of Descartes' belief that the pineal gland was the throne of the soul; Malpighi's opinion that the cortex cerebri was a truly glandular structure; Meyer's locating memory in the cortex, and abstract ideas in the cerebellum; Gall and Spurzheim's supposition that the white matter of the brain was the essential nervous substance, whilst the gray matter was to be considered only as the matrix of the nervous fibre, etc., etc.

The fallacy of over credulity indulged in by Gall and Spurzheim and their followers on the one hand, and the equally absolute fallacy of Flourens and his school on the other, who deny *in toto* any special functional locations for the expression of various faculties of perception, are both exposed.

Bastian, in common with most experienced and reflective physiologists of the day, cannot regard the brain as a pre-arranged collection of organs each one assigned to a certain and inflexible psychological duty, though he admits and advocates the opinion that there may be special localities for various "perceptive centers." These centers, however, are not arbitrarily distributed; they are respectively located in those portions of the cortex to which the respective kinds of stimuli find easiest access from the periphery, and in any species of animals—the human for example—the similarity of construction would entail a general concord or similarity of physiological processes, and of course similarity of location of functional centers. An observance of this principle is indeed the essential of all difference in organized bodies.

This view, however, leaves room for the possible construction of a new and differently located fuctional center, "perceptive center" for example, in place of one de-troyed, or to overcome some embryonic defect obstructing the ordinary course of development, and this supposition is by no means lacking of strong support, drawn from experimental and pathological physiology.

However, it is possible that the nerve elements of a certain topographic area might be capable of performing the function of more than a single perceptive center; it might represent, as incited by different stimuli, multiple centers.

The author also contends that there can be no perceptive center complete within itself, and that mind, in its normal exhibit, can only be expressed when there exists an undisturbed interdependence of the entire nerve organization.

"Muscular sense," Bastian thinks, would be with more propriety termed "sense of movement," or in shorter term he would designate it the "kinæsthetic center," and on this subject of "muscular sense" there are, at the end of the volume, ten pages of an exceedingly interesting Appendix.

The chapter which concerns "Will and Voluntary Movement" is full of careful thought, but the question cannot be considered as having been left much nearer the point of solution.

The last two chapters embrace an exceedingly instructive consideration of the "Cerebral Relations of Thought and Language."

In the rank and file of the medical profession there are vague ideas of a cerebral center for speech situated in the left lower frontal convolution; but the proposition is met with great reservation in belief, and by the great majority of routine practitioners who keep up no degree of scholarly habits the whole thing is rather contemptuously disposed of as "one of the new-fangled notions." These chapters help to simplify the subject, and, in a measure, to explain some seeming contradictions.

Pathological investigations make it appear probable that language and its disturbance have not been sufficiently analyzed by the general profession, and our author has treated the question in a somewhat clearer manner than is usual.

His discrimination of the varieties to be found under the heads of "Amnesia," "Aphasia," "Agraphia," "Aphemia," "Alexia," etc., are well worth careful perusal, as also are his ideas upon "Visual, Auditory, and Kinæsthetic Cerebral Centers." They are assuredly calculated to assist the medical practitioner to a rational explanation of otherwise obscure and mysterious phenomena.

"The Brain as an Organ of Mind" is beyond question a most valuable contribution to psychologico-physiological literature; it is full of thought and of ideas which bear strong personal imprints of the author, and like all

productions from rich and vivid minds, it is vulnerable to attacks from small-minded and ill-natured fault-searchers. E P. F.

Fifth and Sixth Annual Reports of the Board of Health of New York City.

In a volume of 800 pages is contained a record of the public health of the city, and the efforts for its preservation during the years 1874 and 1875*. From its pages we gather that the work of the department is carried on by a force of about one hundred persons, consisting of the Board of Commissioners and the heads of the various departments, a corps of sanitary inspectors, a vaccinating corps, a disinfecting corps, bureau of vital statistics, the employees of the Riverside (Fever) Hospital, clerks, etc.

The most important part of the volume is devoted to an elaborate report upon vaccination, and to a large mass of statistics carefully gathered by a trained vaccinating corps of seventeen physicians, constantly on duty during a period of fifteen months, commencing Oct. 1, 1874, or some time after the beginning of the small-pox epidemic of that and the succeeding year.

This corps came under the direction of a superintendent and inspector of vaccination.

Whole districts in the city, where the small-pox was raging, were thoroughly canvassed and free vaccination offered. This was freely accepted by all but the German element. Thus a systematic and uniform manner of performing vaccination and of noting its results was insured, while the devotion of the members of the corps to this work, alone and for a long period of time, secured a reliable mass of statistics, from which one may draw positive conclusions of his own regarding the value of vaccination as a preventive of small-pox and its harmlessness as a prophylactic measure.

All the cases vaccinated were examined on the eighth day for success or failure, for collecting virus if successful (but only where both child and sore were healthy), and for revaccination if the first effort had failed All these examinations were made by one physician. Between the twentieth and thirtieth day all successful primary cases were revisited and certificates of vaccination given to them.

Primary vaccinations were only performed upon children over three months of age, and in general upon those alone who were in good health. The operation consisted of scratches with a lancet upon the arm over a surface no larger than a dime, deep enough to draw sufficient blood or serum to dissolve the virus from the quill, not previously moistened, but merely rubbed over the abraded surface, which was allowed to dry. No adhesive plaster nor bandages were used.

Owing to the large number of children vaccinated, the collector of virus was enabled to be particularly discriminating, so that only those cases presenting every characteristic of the perfect eighth day vesicle occurring in perfectly healthy infants were chosen.

From such, all the virus used was taken after beginning with stocks of bovine virus and of humanized virus from the late Dr. Loines. The cases vaccinated with the two kinds of virus were kept separate account of for some time; the results being the same, however, no discrimination was afterward made.

Lymph was never taken from cases of revaccination, nor from cases on the eighth day, where an areola was present. Great care was taken to draw no blood in collecting virus.

Of all the vaccinations, one-fifth, or 24,395, were primary cases, and four-fifths, or 126,000, were revaccinations. Sixty-eight per cent. of the primaries gave a perfect result; thirteen per cent an imperfect one; twelve per cent. failed, and seven per cent. were not examined. The general average of success was eighty-seven per cent.; one vaccinator reached ninety-nine per cent.; five went beyond ninety-five per cent., while eleven attained success in less than seventy-five per cent. of their cases, and one reached but thirty-three per cent.

As all the lymph was gathered by one person, was used in the same way, was of the same age, was in fact practically the same, as all the vaccinators had practically the same experience with essentially the same class of individuals, and as the determination of failure or success was always made by one person, these figures indicate that success lies more with the vaccinator and less with the virus than is usually believed. Forty-five per cent. of the primaries were in children less than one year old. Nine per cent. were over four years of age.

Not a child out of the 24,395 primary cases was found who could be said to be unsusceptible to vaccination, although two out of three resisted six attempts, but would not allow further trial. The greatest number of failures occurred in the hot months. The virus used in house to house vaccination was generally not more than twenty four to forty-eight hours old, while in school vaccinations the virus was often one or two weeks old. From the equal success attending each, the conclusion is reached that humanized virus of two weeks of age, if carefully kept, is just as effective, and will take just as readily, as that which is used on the same day that it is collected. Excessive inflammation, axillary abscesses, and other complications, have usually been found to be due to tight or thick bandaging of the arm, contrary to instructions, coupled with neglect by the mother. The worst cases have occurred where the food was improper or insufficient, where the ventilation was bad, etc.

Out of 24,395 primary cases there was sloughing and ulceration in eighty-four cases. Excessive inflammation and swelling of the arm, and occasionally distinct erysipelas in twenty-nine cases. Adenitis, sometimes with abscess, in twenty-five cases, and an eruption in seven cases. But two deaths, both from erysipelas, one with meningitis, the other in an anemic child with bad surroundings.

Among school children, and in other cases of revaccination amounting to 101,608 in all, only about a dozen complaints of trouble were received, and only two cases required more than a couple of visits. No child was found showing evidence of syphilitic inoculation. Syphilitic children, in fact, were rarely met with.

The number of cases in which a "bad arm" occurred was undoubtedly increased by the ignorant class of the population dealt with, and also to the fact that all children, sick or well, were vaccinated in houses or neighborhoods infected with small-pox.

In regard to the protection afforded, the conclusions reached by the superintendent of the vaccination corps are very positive. These conclusions were drawn from the extensive experiences of his subordinates, who, during this epidemic of 1874–75, kept close watch upon all infected houses and neighborhoods, noting the numbers of new cases in houses where vaccination was accepted by all as soon as the small-pox was discovered, and the numbers in houses where, until the disease became rampant, the protection of vaccination was refused, as in many tenements occupied by Germans, who either disbelieve in vaccination or will only avail themselves of it in the month of May.

From the exemption insured to persons in immediate contact with small-pox patients by vaccination, and the non-exemption suffered from by persons not vaccinated in houses where the small-pox had obtained an entrance, an overwhelming mass of proof is adduced, a proof which overcame the strongest kind of objection on the part of many people before whose

* Owing to the reduction in the necessary appropriations, the appearance of the above report has been greatly delayed.

eyes the frequently fatal result of refusing vaccination actually came.

Numerous cases are given where families of unvaccinated persons in infected houses refused vaccination, were attacked with small-pox, and died, while all the vaccinated persons in the house escaped, even those sleeping night after night in the same rooms with variolous patients.

The constant immunity of vaccinated persons (except in some cases long since vaccinated) in infected houses, and great frequency of outbreaks of small-pox in families in the same dwellings who were unvaccinated, even although holding no intercourse with the families of the sick ones, is too marked of itself to leave a belief in non-vaccination in the mind of any one but a fanatic.

It was found almost invariably that if the stage of the areola (about 9 day) is reached (after vaccination in a case which has also contracted small-pox) before variola shows itself, the modifying influence of the vaccination or vaccinia is always observed; but that it will not affect the course or severity of the small-pox in the least if the areola does not appear until after the incubatory stage of the variola has ended—*i. e.*, vaccination, in order to modify an after coming small-pox, must be performed within three days from the date of exposure. Vaccination, even upon the day of the appearance of the small-pox eruption, may take, and will often develop a very good vesicle, which, however, dries up without passing on to the stage of the areola.

Occasionally, babies nursing a mother sick for one or two days with small-pox have been vaccinated and sent to the hospital with her, and there have nursed her, yet not one has contracted variola or varioloid.

There are many physicians as well as laymen opposed to vaccination whom a perusal of the report before us we feel confident would convert.

Their erroneous belief undoubtedly results from what are called the bad results of vaccination rather, we think, than from any sincere or carefully formed disbelief in the inefficiency of vaccination.

The statistics kept in France and Bohemia as well as in the small-pox hospitals of London and Vienna are too positive and too well authenticated to give such an opinion any basis of fact.

This immense and carefully collected mass of statistics shows that on an average, out of every hundred unvaccinated persons attacked with small-pox, 28 die, while out of every hundred persons vaccinated at any time previous to the attacks, less than five succumb.

In the German countries before the advent of vaccination an average of 18,229 died each year, whereas after its introduction but 2,430 fell victims to this disease—less than one-seventh.

The facts brought forward in the present report clearly indicate that bad results are due to an improper gathering of the virus, to vaccination in the hot months or upon an unhealthy side, or teething child, to bad hygienic surroundings, or to improper treatment of the arm after the operation. A bad arm or an eruption of the skin may, in rare cases, be the result of stirring up a scrofulous constitution. In such a case, however, the "humor" is better out than in, and certainly should be attributed to its true source rather than to the virus, if this has been intelligently gathered and skillfully used. Virus taken after the eighth day will not infrequently cause the troubles heretofore mentioned.

On the one hand failure to take is conclusively shown to be due in the vast majority of instances, to lack of requisite skill on the part of the vaccinator. This is indicated at once by the record already quoted of the different physicians engaged in the present work; whereas, one vaccinating among the same classes of the population as the others, obtained success in 99 cases out of a 100, while another vaccinator succeeded in but 33 cases in a 100; practically the same virus being used by both. A poor vaccinator also will deteriorate lymph, although a skillful one can soon bring it back again to its pristine condition. A man may have few absolute failures, however, and yet be a poor vaccinator. His vesicles may be too large and will break easily, or more frequently too small and not characteristic. Such cases are apt to have violent febrile symptoms, which, in dentition may cause convulsions, erysipelas, erythema, sloughing or axillary abscess.

Of two vaccinators using the same virus, one will have a number of bad arms and the other none at all. These facts seem to complete the proof that the bad results of vaccination are largely local matters and not the effects of bad virus. Finally, that vaccination leaves a permanent impress upon the blood or constitution of the individual, by means of its virus (none the less a poison although entirely a temporary one), is a chimera alike dispelled by the whole tenor of the facts contained in this report, and by its insignificance as a disease when compared with the other exanthemata.

W. Y. C.

A Manual of Pharmaco-Dynamics. Fourth Edition, Revised and Augmented; by Richard Hughes, L. R. C. P., London: 1880. Leath & Ross.

The fact of a book having reached its fourth edition is sufficient proof that it has been impressed with the seal of professional approbation and met with the sanction of the reading part of the profession. This edition of Dr. Hughes' valuable work is improved by the addition of several lectures on the newer remedies, while many of the others are treated more at length. There are ten lectures on the "Sources of Homœopathy," in which is traced the origin and formation of the Materia Medica from the publication of Hahnemann's Fragmenta de Viribus, in 1805, up to the present time.

Hahnemann's "Reine Arzneimittellehre," and his "Chronic Diseases," are reviewed and justly termed "our chief sources of knowledge on the subject." The author shows with what difficulty the early provings were made, and how many errors were admitted, even by Hahnemann himself, who, "though showing abundant proofs of the pains taken to insure genuineness in his symptom list, nevertheless in his eager desire for symptoms and his overestimation of the activity of drugs, was led in numerous instances to put down as pathogenetic, effects which were obviously those of disease or occasional causes."

In no way is it intended to detract from the honor due to the founder of our therapeutic system, for elsewhere the author says that if he criticises here and there it is not the less to admire. Some account is then given of the provings of Prof. Jörg and those of Drs. Hautlaub, Trunk, Nenning, and others. He next speaks of the Austrian and American provings which he styles the other "chief sources" of our Materia Medica, and closes the lecture with remarks on the works of Drs. Hering, Hale, and Allen.

The lectures follow on the "General Principle of Drug Action." The primary and secondary action of medicine is discussed, the author agreeing with Dr. Hale in his explanation of the subject.

"Homœopathy; What It Is," is the title of the next discourse. "There are two distinct ways," Dr. Hughes says, "of applying the method of Hahnemann among those who adopt it, both finding origin in Hahnemann himself—one diverging under the attraction of the light of modern science, the other prolonging his own line of advances into regions unknown and undreampt of by him." He divides Hahnemann's homœopathy into two periods—one up to 1806, the other from 1806 to 1828. He makes the following statement: "I have hitherto been vindicating the legitimacy of the homœopathy of Hahnemann up to 1806, to be called by

that name and to be practiced by the acceptors of the system; but it is another question whether it is wise to pause here, and whether in declining to follow him further in the elaboration of his method there may not be involved the neglect of a more excellent way."

In the seventh lecture the much-vexed question of dose is treated both in proving and in treatment of disease, together with the theory of dynamization. While "not indorsing" the latter, the author praises the efficiency of the thirtieth attenuation, and while having "no practical experience with the two hundredth," is content to acknowledge its efficiency also.

It is also stated that we have every reason to expect action up to the twelfth; beyond this nothing to depend upon for observation and experience.

In regard to infinitesimals, Dr. Hughes says: "We have logical ground for reducing our dose below the point at which it can aggravate the existing malady, but we have none for carrying our attenuation further than this." "From science," he further says, "we receive countenance for our infinitesimals so far as the twelfth, as only up to this we can detect the presence of the drug. The very support science gives us up to this point turns in opposition when we go beyond it" Thus we have both science and reason against the high dilutions on one hand and experience and observation for it on the other, with the theory of dynamization to bolster it up. Now, inasmuch as the author does not hold to the latter, and yet does above the twelfth attenuation, we do not see anything to fill up the gap.

The lecture form is still preserved, and to most readers is an attractive one. The oft repeated expression of "I myself," which marred the pages of previous editions by its frequency, is for the most part corrected In the last of the book is an appendix giving the history of the dosage of Hahnemann from 1790 to 1843. It is a very interesting addition.

In Dr. Hughes' book we do not find a full list of symptoms from more or less doubtful sources, but an exposition of the pathogenetic effects of each drug, with authorities and references. In this way the reader is enabled to obtain a clear and intelligent idea of the subject, and the mind is enabled to grasp and retain it. The volume is larger than its predecessor, is tastefully and neatly bound, and printed in clear, good type. It is certainly one of the most valuable books in homœopathic literature, and justly stands in the front rank of books on Materia Medica. E. G. R.

A Steamer Book; By Wm. Tod Helmuth. Being a Picturesque Account of a City on the Sea, or the Daily Life on a Steamer of a Transatlantic Seeker after Health, Recreation, and Rest. Beautifully printed and bound, with illustrations. New York: G. W. Carleton & Co.

Extract from Contents: A City of the Sea; Its Streets, Houses, Restaurants, Telegraph Offices, and Bathing Establishments. The Machine Shop; the Coal Yards; the Water Works, and the Hospital. The Lover's Walk, or Love Lane. The Government Offices and the Apothecary Shop. The Club-House and the Library. Mrs. Grundy and Mal-de-Mer. The Inhabitants. The Quarantine Officers and the Disease which eludes them.

The Medico-Chirurgical Quarterly, Edited by John Butler, M. D., 102 East 22d Street, New York.

This new quarterly opens with an article by Dr. E. P. Fowler, in which the question, "Are the Brains of Criminals Anatomical Perversions?" is very ably discussed. Following are articles by Dr. Kershaw (Vertigo, its Variety and Treatment), Dr. Butler, Dr. Cowl and others. The articles are all readable, and many of them of marked ability. We wish the new quarterly success.

Die Wissenschaftliche Thierpeltер; Eine Reihe von Thatsachen Quellenmässig Zusammengestellt. Von R. Knoche, Divisionspfarrer. Hanover: Druck von Fr. Culemann.

The Scientific Torturing of Animals; An Array of Facts Collected from Good Sources. By R. Knoche, Chaplain of a Division. Hanover: Printed by Fr. Culemann. (No Date.)

This small *brochure* of fifteen pages comes to us from Germany as an appeal against vivisection, and as this question has been much agitated, especially in England and our own country, a review of this little pamphlet may not be without interest to the readers of the Homœopathic Times.

Within the last quarter of a century, and especially within the last decade, experimentation upon animals has become one of the most important methods of research in the biological sciences. There is, further, not the shadow of a doubt among scientific men and those who have tried to keep pace with the great advances made in biology, that this experimentation, in all its varied forms, has done much to further our knowledge of the phenomena of life. The great number of papers on the subject which have recently appeared, many of them coming from the laity, show how many have rushed blindly into the discussion of the question without any proper knowledge of the elements or bearings of the interested science, and without appreciating what constitutes pure science or scientific progress. Mr. Bergh's attack is a good example of a blind fanaticism which regards the end as justifying any means. His translations of Colin, mistranslated to suit his theory, destroyed, of course, his arguments in the minds of those best qualified to judge.

Our author has had his sympathies excited by accounts of painful experiments, chiefly, we judge, from C. v. Weber's work, entitled "Die Folterkammern der Wissenschaft," and with the intention of helping to suppress this "Bestialität," has collected the most heart rending accounts of "The Scientific Torturing of Animals."

His thesis is divided into four parts: Part I treating of the "atrocities" committed by the great masters of experimental physiology; Part II, of the less ambitious attempts of their pupils; Part III, of the usefulness of vivisection; while in Part IV he tries to answer the question, "Can physicians, who are strongly attracted to the scientific racks, preserve the feelings of Christian compassion and pity, which we indeed must expect of them, if we entrust to them our sick?"

In Part I the following is cited: "The renowned Prof. Magendie, of Paris, says C. von Weber, permitted such atrocities on the unfortunate sacrificed animals that, in all candor, he must be classed among the most vicious sinners who have ever existed on this earth (!). For example, he nailed to a table, by his four paws and his long silky ears, a highly nervous setter puppy, without anæsthetizing him, be it observed, in order to easily demonstrate to his pupils the division of the optic nerves, the sawing open of the skull, the division of the spine, and the laying bare of the different nerve roots. And then he retained the poor little animal, still alive, for the experiments of the next day." And further: "Prof. Claude Bernard, who died in Paris, February, 1879, invented an ingeniously constructed stove, in order to study the death of warm-blooded animals from heat. On page 358 of his work he describes in detail the slow death of seventeen dogs and twenty-two rabbits roasted in this stove, and all this without an anæsthetic."

After citing other instances, he concludes: "It sounds really incredible, when, with all these hundreds and thousands of horrors of the scientific torturing of animals, the renowned Carl Vogt (who glories in his descent from the apes,) announces to the credulous public: 'It may be boldly asserted, that of a hundred experiments, hardly one is instituted in which the animal is spared all pain.'"

In Part II are instanced some of the experiments of medical students, describing in some detail the vivisections in the school at Alfort. "No less numerous than the investigations of the masters in the torture chambers of science are the attempts of the pupils, but perhaps more horrible, because they are less skillful."

In Part III the usefulness of vivisection is denied, and certain statements of Charles Bell, Cuvier, Colin, and others, are produced as arguments.

It must be remembered that Bell and Cuvier's statements were made at a time when vivisection was little or not at all practiced, and when there were very few facilities for it. Colin's assertion, in his "Comparative Physiology of the Domesticated Animals," a work, by the way, largely based on vivisection, "Often the same experiment, repeated twenty times, gives twenty different results, even when the animals are placed apparently under the same conditions," is a very dubious argument in support of his thesis.

In the concluding part is discussed the relation between vivisection and the practice of medicine, and the influence of this "Wissenschaftliche Thierfolter" upon the physician and surgeon.

"The lack of feeling and sympathy encouraged among young medical students by the frequent seeing and practicing of vivisection, is much more dangerous and vicious than the non-discovery of this or that physiological fact could ever be. And it is a hundred times better, not only for animals but also for humanity, that a series of scientific facts remain unknown, if their knowledge can only be bought by the hardening of hearts and the uncivilizing of that period of our citizens, whose humanity must be so pressingly enlisted in the interests of our sick." The following remarkable paragraph I give in full:

"The report of 'Der Kaiserlich Koniglichen Krankenanstalt Rudolph Stiftung in Wien,' for 1867 (published under the direction of the Commission of the Imperial Ministry of the Interior), discloses a sad picture of the treatment of the sick in the so-called scientific way. Of 199 typhoid fever patients admitted into the institution, 40 died. In the unanimous opinion of those physicians who have employed the water treatment in severe epidemics (Dr. Brandt in Stettin, for example), these 40, almost without exception, would have been saved. This was known but not made use of because the water supply of our institution had suffered a longer time during the disturbance. The next year the water should be tried so that the 40 patients might be consoled, who must still die this year. Was no pail of water procurable to save a human life? Instead, science was enriched in another way, namely, by means of the most terrible animal torturing, more terrible than any ever devised by cannibals. Thirty dogs were roasted and boiled alive. Pages 172–183 of the report describe in detail the horrors practiced. The dogs destined to be roasted alive were smeared with turpentine and then set on fire, and this procedure was repeated eight or ten times, while those boiled alive were doused in boiling water. And what has science gained thereby? The result that all the dogs wretchedly died, and that the roasted skin looked differently from the boiled one, and that the flesh under the skin became hotter the oftener the place was roasted with burning turpentine! One must shudder in reading of such atrocities, called scientific works. The man who institutes these 'experimental studies' is Dr. Gustav Wertheim, Kaiserlich Konigl. Primar Arzt. God help the poor persons and the poor animals falling into the hands of such physicians."

Our author rests his main argument on the assumption that vivisection blunts the physician's sensibilities and destroys his sympathy, thus unfitting him to practice his profession. This idea is held by the laity, but is none the less erroneous for being so general. The surgeon knows but too well that he does the most justice to his patient when he treats his case coolly, deliberately, and with an honest desire and pride to do his best by him, qualities which genuine sympathy and pity perturb in one way or another. However necessary it may be for him to show sympathy, his treatment must come solely from a cool and matter of fact study of his case. Far be it from us to encourage any such experiments as above described, but in reading this account it must be remembered that we are looking through the colored glasses of over-wrought feelings and exaggerated tenderness. The statement that "the unanimous opinion of those physicians who have employed the water treatment in severe epidemics is that these 40 almost without exception could have been saved," is, of course, absurd.

Unquestionably vivisection, like many other things in this world, has its abuses; but this is no argument against it when properly practiced. It is useless to question the good it has already done, both directly and indirectly, and will yet in the future accomplish for the better understanding of physiology and pathology.

Our author will signally fail to carry his point in the minds of those most capable of judging, from the fact that his treatment of the subject is entirely one-sided, and strongly influenced by a sentimental bias.

Perhaps the most impartial and most sensible view in regard to vivisection which has recently appeared comes from Prof. Wilder, of Cornell University. In a short but comprehensive letter in *The Medical Record* for August 21, 1880, he concludes:

"I think that even elementary physical instruction is incomplete without callisection,* but that sentisection should be the unwelcome prerogative of the very few whose natural and acquired powers of body and mind qualify them above others to determine what experiments should be done, to perform them properly, and to wisely interpret the results. Such men, deserving alike of the highest honor and the deepest pity, should exercise their solemn office not only unrestrained by law, but upheld by the general sentiment of the profession and the public."

E. R. Corson, M.D.

* Callisection signifies *painless* vivisection, while sentisection signifies *painful* vivisection.

Messrs. Editors:—In the abstract of my paper read before the American Institute of Homœopathy, last June, as printed in the September issue of The Homœopathic Times, I notice several errors on the part of your reporter. Will you be kind enough to insert the following corrections in your next issue?

Page 121, near top of second column; vice "Fasoldt's 130,000 band of lines," read, 120,000th.

Page 122, first column, near bottom; vice "180,000 lines to the inch," read, 120,000. Same page, near top of second column; vice "Fasoldt's 130,000th bands," read 120,000th.

Page 123, first column, near top; vice "the clear purple fluid," read, the gold contained in the clear purple fluid, etc.

Page 123 again, near bottom; vice "but that it is truly in suspension solution," read, but that it is truly in suspension.

On page 124, the word "albuminum" occurs *four times*. In each instance read, alluminium.

Other errors might be noticed—perhaps original with myself—but these are not of a character likely to lead the reader astray.

Page 122 (left), near top; "results *possible* accomplished," read, possibly.

Page 123 (left), near bottom; read, viz.: One thing, however, strikes me about this preparation, and that is, that it can hardly be said to be in solution, but that it is truly in suspension. Omit the following word "solution."

J. Edwards Smith.

SOCIETIES, ITEMS, ETC.

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

The thirtieth annual meeting of the Society was held at Saratoga Springs, August 10, 1880.

The President, Dr. J. F. Niver, delivered an address, in which he deprecated the superficial methods of education adopted at some of the medical schools; the careless, routine mode of prescribing for names of diseases into which some physicians have fallen, and urged many needed reforms in the matter of medical education and the exercise of greater diagnostic skill on the part of practitioners.

Drs. J. S. Delavan and G. E. Gorham, of Albany, M. L. Dowdell, of Troy, and Lewis Faust, of Schenectady, were elected to membership. Dr. J. W. Dowling, of New York, was elected an honorary member of the Society.

DISCUSSION ON HIGH POTENCIES.

Dr. H. M. Paine, of the committee appointed at the last annual meeting to collect evidence bearing on the law of potencies, stated that on account of ill health he had not been able to complete his report. He had prepared an extended argument designed to show that the assumption that cures by high potencies are homœopathic, is a false one, and ought to be rejected by all true homœopathists. He asked that the consideration of the subject be continued by the committee, which was granted.

Dr. Cornell related a case of prolapsus of the rectum of forty years' standing, cured in a few months by the use of *Nux* of the thirtieth potency. He had also recently cured a similar case of prolapsus of the rectum of twenty years' standing. In this case the patient suffered from repeated hemorrhages. The only remedy employed was *Nux* of the thirtieth potency.

He has been in homœopathic practice thirty-two years, and has almost uniformly used low potencies. In the use of some medicines, however, he finds that potencies as high as the fifteenth, or even the thirtieth, produce curative effects more promptly and permanently than the lower. Of late years he has scarcely ever given *Calcarea carb.* lower than the fifteenth.

Dr. Hulst related a case of dysentery in a child in which a single dose of the two-hundredth promptly arrested the disease. He had more confidence in potencies as high as the two hundredth than in his own ability to use them properly.

Dr. Paine stated that the recital of any number, however large, of cases such as had just been described afforded not even presumptive evidence of the proper application of the homœopathic law. While the cases were true ones, and the cures marked and satisfactory, in which we all rejoice, there is still no positive evidence that the diseases were treated or cured homœopathically, hence should not be reported as homœopathic cures.

This point involves the only question at issue between the high and low potency parties in our school. It is a question regarding the nature and reliability of the evidence adduced, involving, not the fact of the cure—that is unquestioned—but only its *relative frequency.*

It is plain that the recital of individual, which are usually exceptional, cases, like those presented this morning, rather increases the difficulties under which we are laboring than assists in elucidating the point on which greater light is needed. It is apparent, also, that the question as to the homœopathicity of reputed cures gathered from these occasional successes, can never be fully and satisfactorily determined by the results of individual experiences.

As long as we depend only on occasional individual experiences it will be impossible to determine conclusively to what extent other controlling influences, aside from the alleged specific effect of the medicine employed, may have combined to produce the known result.

The conscious or unperceived influence, magnetic or otherwise, of the physician over the patient; the extreme probability of some occult force being communicated to the medium by the long process of agitation; the natural power of the system to overcome disease; the well-known success of magnetists and those who accomplish prompt and permanent cures without medicine, all conspire to throw doubt on the alleged cures by high potencies. It is plain, therefore, that while we continue to receive these spurious individual cases as genuine, well-accredited homœopathic cures, an element of weakness and discord in our ranks will be encouraged.

A satisfactory and scientific solution of this question can only be effected by establishing a thoroughly systematic series of experiments, embracing numerous cases occurring under similar influences as nearly as possible, and conducted by a large and capable corps of observers. Such a comprehensive system can be carried on successfully only under the supervision of the State and National medical associations.

A series of trials conducted under such auspices, and repeated many times for verification, would be authoritative, and the results thereby obtained, would be conclusive and trustworthy. Such a system would necessarily furnish the kind of evidence which is now so uniformly withheld, viz., *the percentage of cures to the total number treated.* Reliable data bearing on this point cannot possibly be obtained, unless there be furnished with each report a statement showing, at least approximately, the whole number of cases whose conditions, general surroundings, and treatment were essentially alike, together with the percentage of failures as well as cures.

The plans for obtaining these results should be promptly instituted and entered on by our large medical associations. Until these essential safeguards are established by this or some other system of thoroughly organized effort, and the results made known, a radical change in our present mode of reporting and publishing these dynamic cases as homœopathic cures is highly desirable, for the reason that they are positively detrimental to the welfare of the sick, by retarding the acceptance of homœopathic truth on the part of the entire medical profession.

The Milwaukee test has very conclusively demonstated that high potencies have no disease producing power. The vast accumulations of chimerical provings which have made our school a reproach and a by-word, were swept away with cyclonic effectiveness, thanks to the firmness and sound judgment of the projectors of that well-directed and successful experiment. Henceforth we shall hear little and see less of these visionary provings except by accredited candidates for a lunatic asylum.

Moreover, it is perfectly plain to every unprejudiced person, that this very satisfactory result would never have been reached by individual experiences however numerous and prolonged. It was obtained *only* by thoroughly organized and well-directed effort put forth by a competent corps of observers. The effect was sharp, short, and decisive.

Now let our school, by means of its more important organizations, institute properly conducted series of trials for the purpose of ascertaining as definitely as may be possible, the practical curative value of the use of high potencies in the treatment of disease, from the stand-point of homœopathy. We can then determine whether these probably fictitious remedies possess disease controlling qualities, such as, from a homœopathic point of view, to warrant their use with reasonably uniform success.

It might also be confidently expected that the proposed trials would throw light on the law of potencies, provided one exists, whereby the proper potency may be appropriately selected in any given case.

Our experience in the use of high potencies is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession. I firmly believe that when our reputed cures are reported in connection with all the cases treated, we shall find that their frequency is not greater than those of daily occurrence without the intervention of medicine of any kind.

It is my purpose, in calling attention to this important subject, to point out to the younger members of our school, the extremely unreliable nature of the evidence, from a homœopathic point of view, uniformly adduced in support of the use of high potencies.

Should an exhaustive investigation prove the use of high potencies to be non-homœopathic, the reports of alleged cures under their influence would be presented as frequently as ever, perhaps even more so; they would, however, very properly be classed separately, probably under the name dynamic (?) practice or treatment.

GASTRIC FEVER.

Dr. French presented and read a carefully prepared report on gastric fever, embracing its pathology, etiology, and treatment. A minute description of the several coats of the stomach was given, showing a liability to disease induced by changes of the temperature, and by various articles of solid and liquid food. The evidences of disease as indicated by the countenance, the tongue, the eyes, and the pulse were stated.

Bryonia was given a prominent place in the treatment of inflammatory affections of the stomach, except in cases involving the abdominal viscera. The general treatment embraced chiefly *Aconite, Antimonium crud. Belladonna, Mercurius, Pulsatilla,* to be followed by *Bryonia, Hepar, Lycopodium, Rhus tox.*, or *Sulphur*, as may be indicated by the symptoms of individual cases.

Regarding diet, milk constituted the chief article. Only plain food, and kinds most easy of digestion should be allowed. Cold water and crushed ice may be given freely. No stimulants should be administered.

The duration of the disease, and its liability to relapse, were also referred to.

RESOLUTIONS OF RESPECT TO DR. HERING.

Dr. Paine offered the following resolutions of respect to the memory of the late Dr. Constantine Hering, of Philadelphia, one of the oldest and earliest homœopathic physicians in this country.

Dr. Gray, of New York, in seconding the resolutions, spoke feelingly of the high estimation in which the deceased was held, and of his great services in the department of the homœopathic Materia Medica. He said that, notwithstanding his great attainments in medical knowledge, he had acquired so little property, that unless effort be made by the profession, no suitable monument would mark his grave. Dr. Gray proposed the appointment of a committee to solicit funds toward this object. It was thought better, however, to present the subject for consideration at the annual meeting of the State Society.

The resolutions were adopted.

WHEREAS, This Society has learned with deep sorrow the decease of the venerable Nestor of medicine, Dr. Constantine Hering, of Philadelphia, therefore,

Resolved, That in the death of this veteran physician, one of the pioneers of homœopathy in this country, we have sustained an irreparable loss; our school a wise and influential leader, an original thinker, a sagacious counselor, and the public a prudent and eminently successful practitioner.

Resolved, That his untiring labors in the unexplored fields of homœopathic provings, and in his admirable tact and genius in elucidating therefrom an accurate and eminently practical system of therapeutics, comprise voluminous contributions to standard medical literature of great practical utility to the medical profession.

Resolved, That his genius, his intuitive perception, his indefatigable industry, his powers of analysis, inductive reasoning, sound and logical discrimination, placed him in the foremost rank of homœopathic physicians.

Resolved, That his noble qualities of mind, his genial and courteous manner, his ingenuous, child-like simplicity of character, his readiness to draw from his vast stores of medical research which he had long and patiently accumulated, endeared him to the medical profession, and prompt us to hold his name and memory in the most affectionate remembrance.

Resolved, That while we deeply mourn his loss, we gratefully revere his memory, and emulate his unselfish and life-long devotion to the promotion of the best interests of humanity.

POST-MORTEM. GASTRITIS—KIDNEY DISEASE.

Miss Dowdell related at length the symptoms experienced by Dr. Woodruff, of Troy, in his last illness; also the results of the post-mortem examination. Abscess of the liver was found; the right kidney was absent, and in its place there was an accumulation of adipose tissue. He had also evidently suffered from chronic gastritis and heart disease.

EPIDEMIC TYPHO-MALARIAL FEVER.

At the afternoon session, Miss Dowdell minutely described the symptoms of a case she was treating at Round Lake. The patient was one of the victims of the epidemic of typho-malarial fever, then prevailing at the village of Schaghticoke, in Washington County. The history of the case showed unusual peculiarities; one, in the character of the delirium, which was very changeable; another, in the profuseness of the eruption, which covered the body; and a third, in the morning exacerbation, with highest thermometrical range, instead of the afternoon and evening.

Dr. Paine stated that the epidemic resulted from an obstruction of a branch of the Hoosick river by a railroad embankment, producing an overflow at high water of upward of forty acres of low land immediately contiguous to the village. More than five hundred cases of the disease have occurred within the past few weeks, in a population of fifteen or sixteen hundred persons. Many of the cases are of unusual severity and of a malignant type, about one in ten proving rapidly fatal. The village authorities have made application to the State Board of Health for an abatement of the causes, and, it is understood, proper measures for relief will be promptly provided.

Dr. Dowling had prescribed for a similar case in which the petechial eruption covered the whole body. In this case sweating did not occur until after the appearance of the eruption, and then it was very copious.

Dr. Dowdell stated that the epidemic appeared to take two forms; one, purely malarial, the milder; the other, typho-malarial, in which a majority of cases were of unusual severity, and many were rapidly fatal.

BELIEF IN MEDICINAL AGGRAVATIONS RESULTING FATALLY.

Dr. Dowling had been in practice twenty-five years, and had not observed aggravations following the use of homœopathic remedies. He related a case of congestive chills in which the attending physician, who, deluded by this visionary phase of homœopathy,

made the fatal mistake of ascribing the second chill to an aggravation following doses of *Nux vomica* which had been previously given. The patient died during the third chill.

CONGENITAL MALFORMATIONS.

Drs. Hulst, Dowling, and Pearsall described cases of congenital malformations which had occurred in their practice.

SCRAPED BEEF AN ARTICLE OF DIET FOR INFANTS.

Dr. Dowling recommended scraped beef for infants when the stomach would not retain or digest milk or any form of starchy food.

DIAGNOSIS OF ORGANIC DISEASE OF THE HEART.

Professor J. W. Dowling, of New York, an honorary member of the Society, who came from Lake George, his summer residence, to attend the meeting, by invitation of the President, spoke extemporaneously regarding some of the more important physical signs in the diagnosis of organic disease of the heart.

LOCATION OF APICAL BEAT.

By bearing in mind the fact that in health, except in children under eleven years of age, the apex of the heart is always found in the fifth intercostal space, about an inch to the right of the nipple line; and that we cannot have disease of any of the valves of the heart, whether it result in stenosis of the orifice, or insufficiency of the valve implicated, without dilatation; that dilatation accompanied, as it generally is, by hypertrophy, always changes the position of the apical impulse; that stenosis or insufficiency of the aortic orifice and obstruction to the free circulation through the systemic vessels always produces dilatation of the left ventricle, generally with compensating hypertrophy; that this condition makes the heart longer and more cone-shaped, forcing the apex downward and slightly to the left; and that obstruction at the mitral orifice always reacts upon the right ventricle, producing dilatation, generally with compensating hypertrophy, rendering the heart broader, and forcing the apex outward sometimes far beyond the nipple line—by bearing in mind these facts, the diagnosis of organic disease of the heart is comparatively easy.

We can safely exclude valvular disease and serious obstruction to the circulatory current, either in the systemic or pulmonary current, if the apex is found in the location mentioned. Even if a systolic murmur is heard at the apex, the fact that there is no hypertrophy will be conclusive evidence that it originates from other causes than mitral insufficiency or aortic obstruction; it will be either a blood murmur or will result from some intraventricular lesion of no special importance.

HOW TO FIND THE FIFTH INTERCOSTAL SPACE.

In fleshy persons it is exceedingly difficult to count the ribs unless certain landmarks are kept in mind. Even in very stout persons the junction of the second costal cartilage with the sternum can always be made out by passing the fingers down the sternum to the prominence formed by the union of the manubrium with the gladiolus, which is always opposite the second costal cartilage. Having found the second rib, it is easy to count downward. The twelfth rib is easily found, and it is not difficult to count upward. The nipple in the normal position in the male is an excellent landmark, and is found in the fourth interspace. A line drawn from the nipple around the chest cuts the sixth intercostal space in the axillary line. The angle of the scapula lies immediately above the eighth rib. By remembering these simple points it is not difficult to count the ribs.

CAUSES OF DISPLACEMENT OF THE HEART.

The apex of the heart is that portion which is lowest and furthest to the left. Although hypertrophy of the heart cannot exist without a change in the position of the apex, this change does not always indicate organic disease of the heart or arterial obstruction.

The position of the heart may be changed by other causes. The heart rests on the central tendon of the diaphragm. Whatever has a tendency to depress or elevate the diaphragm will depress or elevate the heart. In deep inspiration the diaphragm descends and the heart, of course, with it. So in emphysema of the lungs, or where a mediastinal or aneurismal tumor presses the diaphragm downward. A pleuritic exudation of the right side, of course, dislocates the heart and mediastinum to the left, and, of the left side, to the right. In cases of effusion into the pleural cavities, resulting from cardiac disease or an hydræmic condition of the blood, both pleural cavities being always involved, the position of the heart is but little changed.

Owing to the yielding of the abdominal walls anteriorly, it is rare that the diaphragm is elevated in ascites, pregnancy, or where abdominal tumors exist. Enlargement of the liver, if very great, sometimes changes the position of the heart upward, as does great hypertrophy of the spleen. Those who have had a large experience in treating pulmonary difficulties have seen many cases of displacement of the heart to the right, to the left, and upward, by the traction produced by the shrunken and indurated tissue of a cirrhosed lung, with, as is always the case, adherent pleura; the displacement, of course, being aided by the compensating emphysema of the opposite lung, which, being enlarged, pushes the head and mediastinum over.

The posture of the body is said to influence the position of the heart. A case is related where, at a post-mortem, the heart was found lying over to the right side of the mesial line, the apex being situated under the sternum, and the axis of the heart being directed upward toward the right shoulder. There was no disease of the lungs further than a condition of slight hypostatic engorgement. The patient, owing to sarco-iliac disease and abscess of the left side, had been compelled for nineteen months previous to her death to lie on the right side.

CONGENITAL DISPLACEMENT OF THE HEART.

Not long since a patient over forty years of age, who said he had enjoyed perfect health till within a few weeks of the date of his examination, presented himself at the Ward's Island Hospital suffering from phthisical symptoms. A careful examination revealed a complete transposition of all the abdominal and thoracic organs. The apex of the heart was in the fifth interspace to the left of the right nipple, the impulse being entirely on the right side of the chest. The liver was in the left hypochondrium, and the spleen in the right. As was before stated, the patient had not been inconvenienced; in fact, although over forty years of age, was not aware that he differed in any respect from other persons.

Prof. H. D. Paine, of New York, recently told me of a case where a child was born whose heart lay on the outside of the chest. The little one lived several hours, long enough for him to send for some of his professional brethren to see this remarkable case, and hold in their hands a living, pulsating heart.

DIAGNOSIS OF MITRAL INSUFFICIENCY.

An important diagnostic sign in mitral insufficiency is the fact that the patient on any extra exertion is always short of breath. This, of course, can be readily understood. If an obstruction exists at the mitral orifice, the left auricle and the pulmonary veins and capillaries must be overloaded, rendering the lung capacity smaller than in health; and although there is sufficient breathing surface for ordinary exertion, an extra effort finds the lung unable to accommodate a quantity of air large enough to properly aerate the blood, consequently the breathing is more rapid.

In aortic stenosis or insufficiency, if the hypertrophy

of the walls of the left ventricle is sufficient to overcome the obstruction, this distressing symptom does not exist. The doctor's half hour lecture (for such it was) held the close attention of the members present. It was exceedingly practical, interesting, and instructive.

HOT WATER VAGINAL DOUCHE.

Dr. H. M. Paine presented a paper on the utility of hot water injections in the treatment of diseases of the pelvic organs. The paper set forth the symptoms resulting from acute and chronic inflammation of the uterus and ovaries, and pointed out the special applicability of the continued use of hot enemeta by increasing the tonicity and contractile power of the bloodvessels.

OFFICERS ELECTED.

President—Dr. A. G. Peckham, of Waterford.
Vice-President—Dr. J. N. White, of Amsterdam.
Secretary and Treasurer—Dr. H. M. Paine, of Albany.
Censors—Drs. J. F. Niver, H. Bullard, C. M. Mosher, F. L. Vincent, S. J. Pearsall, H. M. Paine.

Drs. Paine, Gorham, and Slocum were appointed a committee to revise the Constitution and By-Laws, to report at the next annual meeting.

Adjourned to the second Tuesday in August, 1881.

H. M. PAINE, Secretary.

INFANTILE CONSTIPATION.—At a clinical lecture held at the College of Physicians and Surgeons, New York, Prof. Jacobi called attention to a form of infantile constipation not mentioned in the books. In this affection the color of the fæces is about normal, but they are deficient in moisture. They are dry and somewhat friable. The passages of young babies are never normally like this. There is evidently here a lack of moisture which may possibly arise from an insufficient secretion on the part of the intestinal glands. It may, however, arise from other causes, one of which is a peculiar anatomical condition occasionally existing in the bowels of the new-born or young infants. A few anatomists have recognized that the intestinal tract is different in the young from what it is in the old. The colon is very much larger and longer in proportion in the child than in the adult, and this peculiar condition often remains up to the age of five or six years. The child may have two or even three sigmoid flexures, or the real sigmoid flexure may not be found on the left side, but on the right. In the passages of the young, where the peristaltic action of the bowel is normal and the colon of the usual proportion, the fæces will not be dried out; but where the flexure is long, or there are two or three of them, the fæces will dry out. In the fœtus and the new-born the secretions of the intestines are very copious. There is a great deal of mucus and epithelium, which may become very dry and compressed—to such an amount, indeed, as to constitute actual obstruction. Dr. Jacobi stated that he has met with a number of cases in children that could not be explained in any other way than by the supposition that there were two or three sigmoid flexures, one on the top of the other, and impeding the free passage of the fæces. In the treatment of a case where such a state of things is suspected, the diet must be regulated so that there may be an abundance of water in the food. In the choice of food, oatmeal is to be given in preference to tapioca, rice, or even barley. Purgatives ought not to be given except in urgent cases. Injections are very useful, and cannot be dispensed with. Another cause of constipation like this may be that there is an insufficient physiological action of the muscular layer of the intestines. This may occur in feeble children. In another class of children this constipation does not appear until from six months to one year after birth, and then, from being perfectly regular, they become obstinately constipated. In this class the muscles of voluntary motion, as well as those of the intestine, become diminished in power; they are rachitic children.

THE MIRACLE OF THE IODIDES.—Who shall say that therapeutics is without its romance? It was before the laryngologists, in the days of the Second Empire, eight and twenty years ago. R——— was the first tenor of Paris. Scarcely any one could sing even second to him, and he held the French capital enslaved within the compass of his gamut. But suddenly his song ceased. Days passed, and he came not on the boards. Was he tired? Perhaps. Weeks went by, and he warbled not. Was he not well? He was not well. Then weeks ripened into months and months into years, and R——— had been consigned to the brilliant past of the opera. But one day, after a silence of two years, it was announced that he would sing again, and in his old role in "Favorita." What a rush there was to see the resurrection, and to judge if the tradition of his song was true! The emperor was there with Eugenie; Magnan, commander of the garrison, a hundred thousand strong; the admiral of the fleets, De Morgny, in all his supposed brilliancy; and, what concerns us most, the Ecole de Medicine was out in full force, and Ricord was there in the zenith of his fame. R——— never sang better. His melody came by the gushful. The storm of applause shook the roof. Rising even above the rest of the din, quaking the towers somewhat, were the plaudits of Ricord—Ricord, who notoriously knew not one note from another, save those upon the Bank of France. Marshal Magnan sat beside him. "How comes it, Ricord," he said, "how comes it thou cheerest the music so vociferously—thou who diagnosest not between A minor and B flat?" Then answered him the great Ricord, "Hang the music, Magnan; it is the iodide of potash I cheer!"

ANURIA AND URÆMIA.—M. Debove (*Le Prog. Med.*) relates a case in which the patient suffered from suppression of the urinary secretion. The catheter was used, but no urine was drawn off. This anuria continued till the fifteenth day; at this date she passed a few drops of urine, and on the twentieth day the patient died. At the autopsy a cancer of the uterus was found obliterating the ureters by dragging together the mucous membrane, and not from invasion of the cancer. This woman was in a condition analogous to that in which physiologists place an animal by the ligature of both ureters. The temperature was 34.8 deg. (94.6 deg. F.) on the tenth day, and remained always low, although the patient complained from time to time of accessions of heat. The accumulation of urea in the blood had been followed in some manner from day to day—it increased to the amount of 4 grs. 4 per litre of blood. The abstinence of the patient was not sufficient to explain this small amount. (An adult produces 24 grs. of urea per day.) It is necessary to admit that accumulation of urea in the blood prevents the formation of urea. This fact would explain the relative rarity of uræmia in affections of the kidneys; the accumulation of urea in the blood would prevent the formation of urea in poisonous quantities. The vomited matter, the stools, and the sweat contained but little urea. In the sweat there was 2.64 grs. per litre. In the blood the quantity of urea had been but little modified after an injection of *Pilocarpine;* auxiliary means had little effect in removing this product. We might also ask whether an active purgative would not have had a bad effect, in depriving the patient of fluid rather than of urea; and of exposing her to resorption of the exuded liquids, which are very rich in urea, and thus arousing a new cause of uræmia. (T. M. S.)

OBITUARY.

DR. A. O. H. HARDENSTEIN died at Vicksburg, Miss., on the 15th October, aged 74 years. He was one of the most successful homœopathic physicians in the South, and enjoyed a large and lucrative practice. Dr. Thos. Harper, who is now over 70 years of age, is the only representative of our school in that city.

THE death-rate in the Homœopathic Hospital, W. I., for the month of October, was 2 23 per cent., and 582 patients were treated.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Bureau of Materia Medica, Pharmacy, and Provings will pursue a systematic study of the following named drugs: *Caladium seguinum, Papaya vulgaris* and *Viburnum opulus.*

These drugs will be studied with special relation to their (1) History, (2) Pharmacology, (3) Toxicolgy, (4) Provings, (5) Mode of Action, (6) Clinical Application.

The profession at large are cordially invited to participate in the important work of proving these remedies. Those willing to do so, and those who may be in possession of any items of information concerning the history, pathogenesis, or therapeusis of either of these drugs, are requested to communicate at once with the Chairman of the Bureau. Reliable preparations of both *Caladium* and *Papaya* will be obtained by the Chairman direct from the Island of Jamaica, and furnished to those who signify their willingness to assist in the provings. Reliable preparations of *Viburnum* may be obtained at any Homœopathic Pharmacy. No standard of quantity or potency has been adopted, the preparations used being left entirely to the individual preference of the prover.

Your attention is especially directed to the fact that the final reports of all provings must be in the hands of the Chairman prior to the first day of March, 1881, and *no attention will be paid to any reports arriving after that date.* This becomes necessary from the fact that such reports must be printed and in the hands of each member of the Bureau before the 15th of March, in order that they may be able to prepare from these reports their special papers.

The reports of provings in full will not be read before the Institute, but will be printed and distributed to members, and will appear in the printed transactions.

A. C. COWPERTHWAITE, *Chairman.*

PHOTO-ENGRAVING.—We give in this issue of the TIMES several illustrations prepared by the Photo-Engraving process. Our friends will bear in mind that in making drawings intended for direct reproduction (fac-simile) by the Photo-Engraving process it is a matter of absolute necessity that every line should be black (not pale grey, brown, or blue), and that the best Indian inks should always be used. The thickness of lines has nothing to do with their color, as the very finest of lines can be clear black. If our friends will bear in mind these hints their drawings can be reproduced absolutely correct.

THE publisher of the *Sanitary Engineer* of New York will send free a specimen copy of that paper to those who request it. It treats in a practical way House-drainage, Water-supply and Sewerage, Plumbing, Ventilation, Heating, Lighting, and Personal and Public Health. Applicants for specimen copies will please state their occupation or profession.

140 WILLIAM STREET, N. Y. P. O. Box 3037.

BACTERIUM FŒTIDUM.—Dr. George Thin communicated a paper to the Royal Society recently on "An Organism associated with Profuse Sweating from the Soles of the Feet," in which he demonstrated that the peculiarly offensive fœtid odor by which the secretion from the skin of certain people's feet is characterized is due to the development in the liquid, after secretion, of a micrococcus which the author names *Bacterium fœtidum.* He asserts that perspiration is odorless when it soaks to the socks, but that once there it rapidly acquires the peculiar smell. The fluid is, he says, an admixture of sweat with serous exudation from the blood, occurring in people whose feet sweat profusely, and who, from much standing or walking, acquire an erythematous or eczematous condition of the soles of the feet. Dr. Thin pursued an elaborate series of investigations into the history of the development of the organism, during which he convinced himself that by antiseptic means the micrococcus can be killed and the disagreeable odor at the same time destroyed.

TRAUMATIC HÆMATOCELE OF THE TESTICLE.—M. Ch. Monod (*Le Prog. Med.*) points out the rarity of this affection and that, when it has been observed, it has generally occurred in cavalrymen and has been the result of the striking of the scrotum against the pommel of the saddle. M. Petit was one of the first to call attention to it. The reason of the rarity of this affection is in consequence of its situation and its free mobility. The contusion of the testicle develops painful symptoms, and even a traumatic orchitis; blennorrhagia is also frequently present. MM. Monod and Terrillon have experimented upon the cadaver and animals. In the former the contusion of the testicle, rendered immovable, results in a bruising, a denuding of the parenchyma of the testicle. In dogs a light blow produced only a slight blood effusion; a more severe blow produced an hæmatocele within the testicle, but with this hæmatocele there was always a rupture of the tunica albuginea, and this rupture sometimes produced conjointly a true traumatic hæmatocele of the tunica vaginalis. But, in order to produce these phenomena, it was necessary that the testicle should be securely fixed, a condition which rarely occurs under ordinary circumstances The result of this hæmatocele is a traumatic orchitis and atrophy of the organ. M. Monod has calculated that a force of fifty kilogrammes (135 pounds) is necessary to break the tunica albuginea. (T. M. S.)

THE profession ought to bear in mind that the Liebig Company prepare a *genuine Extract of Witch Hazel* (the importance of which is appreciated), and in ordering the remedy be sure to designate the preparation desired, otherwise a worthless article may be obtained.

The same house also makes a most useful and convenient nutrient tonic, in the form of "*Coca Beef,*" which has justly received the highest commendation.

We have used both of these preparations with the most satisfactory results. See advertisement.

HOMŒOPATH.—A physician of good standing, forty-six years old, desires to remove from his present location. Any one who wishes to dispose of his practice will please address "Homœopath," this office.

DR. J. H. ENLOE, graduate of the University of Michigan, class 1879, has removed from Jackson, Tennessee, to Rome, Georgia.

DR. CHARLES M. THOMAS has removed to 1,313 Arch street, Philadelphia.

GLYCERINE is recommended as curative in some cases of acidity of the stomach. Try it and report the result.